

**FILE NOW: Fee after May 1, will be \$588.75**

**APPROVED  
AND  
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**1997 MAR 10 AM 8:24**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Morgham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILING FEE \$ 203.75** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee  
**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #200125**

CORAL WAY AND KROME, L.C.  
9688 SW 24 STREET (CORAL WAY)  
MIAMI FL 33165

1a. Principal Place of Business Address

9688 SW 24 STREET (CORAL WAY)  
MIAMI FL 33165

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/18/1989	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Date of Last Report	6. Certificate of Status Desired
				02/23/1996	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

MARQUEZ, JOSE M.  
782 N.W. LEJEUNE ROAD  
SUITE 548  
MIAMI FL 33126

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

700002110507--0  
03/11/97 01129-007  
FL \*\*\*203.75 \*\*\*203.75

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	HERRAN, MANUEL A.	8460 SW 5 ST	MIAMI FL
MGRM	GUERRA, ARMANDO J.	<del>8450 SW 48 ST</del> 9475 Journey's End Road	<del>MIAMI FL</del> Coral Gables, Fl 33156
MGRM	HERRAN, JOSE A.	8455 GRAND CANAL DR	MIAMI FL
MGR	VALDES, DANIEL R.	9755 SW 62ND STREET	MIAMI FL
MEM	HERRAN, EZEQUIEL	14020 SW 36 ST	MIAMI FL
MEM	GUERRA, JORGE	8440 SW 58 ST	MIAMI FL

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:** *R. Valdes* **DANIEL R. VALDES** 1/24/97 221-8351  
(305)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #