File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.										
LIMITE	D LIABILITY ANNUAL REF 1999	LORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS			DEVISION OF STATE DEVISION OF STATE DEVISION OF STATE DEVISIONS  99 MAR 24 AM 10: 37					
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE								/   ///// <b>(</b> 7)		
1. Name and Mailing Address of Limited Liability Company DOCUMENT # 200125						UFSIAIE	1			
CORAL WAY AND KROME, L.C. 9688 SW 24 STREET (CORAL WAY) (\(\lambda\). (\\lambda\). (\(\lambda\). (\(						nh Lm	1a. Principal Place of Business Address  9688 SW 24 STREET (CORAL WAY MIAMI FL 33165			
2 Principal Place of Business 2a. Mailin				ng Address			3. Date Organize	ed or Qualified	3a. State of Formation	
Suite, Apt. #, etc. Suite,				pt. #, etc			09/18/1	989	FL	
							4. FEI Number Applied For			
City & State			City & State				65-0148963 Not Applicable			
Zip	Country		Zip		Countr	y	5. Date of Last F	Report	6. Certificate of Status Desired  S8 75 Additional Fee Required	
	7 Name and	d Address of Current I	henstered	Agent	L	Ω	03/16/1 Name and Address			
	Suite, Apt #, etc. City  Florida Statutes, the above-named limited liabil da. Such change was authorized by affirmative v			d liability company si ative vote of a majorit	Zip Code  FL  Zip Code  Ability company submits this statement for the purpose of changing we vote of a majority of the members. I hereby accept the appointment					
10. Title Managing Members/Managers				1011 Registered Agent signal are required when remotatings  Business Street Address				City	State and Zip Code	
MGRM				8460 SW 5 ST 9475 JOURNEY'S END R					GABLES FL	
MGRM	HERRAN, JOSE A			8455 GRAND CANAL DR			DR	MIAMI	FL	
MGR	VALDES, DANIEL R			9755 SW 62ND STREET			ET	MIAMI	FL	
MEM	HERRAN, EZEQUIEL			14020 SW 36 ST				IMAIM	FL	
MEM	GUERRA, JORGE			8440 SW 58 ST				IMAIM	FL	
					<b>:</b>			-04/01/9901103006 -04/01/9901103006 ****188.75 ****188.75		
11. Ido hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther 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 carb, 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: Delate Delate Description of Significant Manager Manager Delate S 2/18/99 221-8351										

INHSE10 R (12-98)