

2nd NOTICE:

Limited Liability Company Will Be Dissolved On Or
After October 8, 1997. If Dissolved, Minimum Amount
Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 AUG 28 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee
\$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # Z00221

THE ALICANTE LIMITED COMPANY
3138 COMMODORE PLAZA
SUITE 315
COCONUT GROVE FL 33133

1a. Principal Place of Business Address

3138 COMMODORE PLAZA
SUITE 315
COCONUT GROVE FL 33133

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

762 MINORCA AVENUE #105

City & State

City & State

CORAL GABLES FL 33134

Zip

Country

Zip

Country

33134

USA

3. Date Organized or Qualified

3a. State of Formation

05/09/1990

FL

4. FEI Number

☐ Applied For

65-0198864

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

10/21/1996

\$8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

ROVER, RONALD
3138 COMMODORE PLAZA
SUITE 318
COCONUT GROVE FL 33133

Name

SAME

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

762 MINORCA AVE #105

Suite, Apt. #, etc.

City

CORAL GABLES

FL

Zip Code

33134

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

DATE

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

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
PMGR	CACCIAMANI, LUCIANO	3138 COMMODORE PLAZA, #318	COCONUT GROVE FL
VPM	CACCIAMANI, CARLOS	3138 COMMODORE PLAZA, #318	COCONUT GROVE FL

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dec

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:

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

8/25/97 (305) 442-1783
Date Daytime Phone #