

FILE NOW: Fee after May 1, will be \$263.75

APPROVED
AND
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95 MAY -1 AM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE	Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee
\$ 238.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # 200387**

MACK SALES OF SOUTH FLORIDA, L.C.
6801 N.W. 74TH AVE.
MIAMI FL 33166

1a. Principal Place of Business Address

6801 N.W. 74TH AVE.
MIAMI FL 33166

2. Mailing Address		2a. Principal Place of Business		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/01/1991	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
				03/25/1994	\$0.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
AQUILERA, ANTONIO M. 815 PONCE DE LEON BLVD. 2ND FLOOR CORAL GABLES FL 33134		Name	
		Alfredo A. Pernas	
		Street Address (P.O. Box Number is Not Acceptable)	
		6801 N.W. 74th Ave.	
		Suite, Apt. #, etc.	
		City	
		Miami	
		Zip Code	
		FL 33166	

9. Pursuant to the provisions of Sections 608.416 and 608.503 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 *[Signature]* DATE 4-7-95

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
M	PERNAS, ALFREDO	2549 N.W. 74TH AVE.	MIAMI FL
M	BLAS C., JULIO DE	815 PONCE DE LEON BLVD	CORAL GABLES FL
M	AGUILERA, ANTONIO	815 PONCE DE LEON BLVD	CORA; GABLES FL

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TIS, 5/3/95

11 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), 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]* Managing Partner 4-7-95 305-883-8506