
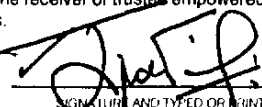


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 MAR 17 AM 8:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA																	
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 CRYSTAL COLOR L.C. 8897 FONTAINBLEAU BLVD. #208 MIAMI FL 33172		DOCUMENT #L95000000890 1a. Principal Place of Business Address 8897 FONTAINBLEAU BLVD. #208 MIAMI FL 33172 <i>MWJ</i>																			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.																					
2. Principal Place of Business Suite, Apt. #, etc City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 11/17/1995																	
				3a. State of Formation FL																	
				4. FEI Number 65-0632361																	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																	
				5. Date of Last Report 05/03/1996																	
				6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																	
7. Name and Address of Current Registered Agent VALERY, FEDERICO 8897 FONTAINBLEAU BLVD. #208 MIAMI FL 33172			8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <div style="text-align: right;">FL</div> Zip Code																		
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">10. Title</th> <th style="width:30%;">Managing Members/Managers</th> <th style="width:30%;">Business Street Address</th> <th style="width:30%;">City, State and Zip Code</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>VALERY, FEDERICO</td> <td>8897 FONTAINBLEAU BLVD. #2</td> <td>MIAMI FL</td> </tr> <tr> <td>MGRM</td> <td>CONTRERAS, NIEVES</td> <td>8897 FONTAINBLEAU BLVD. #2</td> <td>MIAMI FL</td> </tr> <tr> <td>MGRM</td> <td>WALLER, CLARA</td> <td>8897 FONTAINBLEAU BLVD. #2</td> <td>MIAMI FL</td> </tr> </tbody> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGRM	VALERY, FEDERICO	8897 FONTAINBLEAU BLVD. #2	MIAMI FL	MGRM	CONTRERAS, NIEVES	8897 FONTAINBLEAU BLVD. #2	MIAMI FL	MGRM	WALLER, CLARA	8897 FONTAINBLEAU BLVD. #2	MIAMI FL
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300002118253--7 -03/19/97--01106--007 *****203.75 *****203.75																					
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:  FEDERICO VALERY President. 1/3/14/97 ³⁰⁵ 221.59.18																					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>																					