

2<sup>nd</sup> and File on or before Sept. 29, 1999 or Limited Liability Company  
**FINAL NOTICE:** will be dissolved.

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 99 JUL 14 PM 3:45

LIMITED LIABILITY COMPANY  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILING FEE \$ 588.75** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee  
 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L98000001632**  
 BLUE COMET L.L.C.  
 407 LINCOLN ROAD, SUITE 8-R  
 MIAMI BEACH FL 33139

1a. Principal Place of Business Address  
 407 LINCOLN ROAD, SUITE 8-R  
 MIAMI BEACH FL 33139

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  
 08/28/1998

3a. State of Formation  
 FL

4. FEI Number  
 05-0815744

5. Date of Last Report

6. Certificate of Status Desired  
 Applied For  
 Not Applicable  
 \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  
 SOFI ONE, INC.  
 407 LINCOLN ROAD, SUITE 8-R  
 MIAMI BEACH FL 33139

8. Name and Address of New Registered Agent/Office  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, etc.  
 City Zip Code  
 FL

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 *Alessandro Ferretti* **Alessandro Ferretti (President)** DATE **7/12/99**  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	SOFI ONE INC.,	407 LINCOLN ROAD, SUITE 8-	MIAMI BEACH 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: *Alessandro Ferretti* **Alessandro Ferretti (President)** Date: **7/12/99** **(305) 678-5152**  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)