File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE FILED LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 98 MAY -1 PM 12:45 1998 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
I Limited Llability Company **DOCUMENT** #L97000000652 1a. Principal Place of Business Address ACTIVA MARKETING & INVESTMENT GROUP, L.C. 10800 BISCAYNE BLVD., SUITE 580 MIAMI, FLORIDA 33161 10800 BISCAYNE BLVD., SUITE 580 MIAMI, FLORIDA 33161 3. Date Organized or Qualified 3a. State of Formation 2. Principal Place of Business 2a. Mailing Address June 16, 1997 FLORIDA Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 65-0772388 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country Zip \$8.75 Additional Fee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent TRUXTON, GREGG S. Street Address (P.O. Box Number is Not Acceptable) 2121 Ponce de Leon Blvd., Suite 600 500002520015--n Coral Gables, Florida 33134 Suite, Apt. #, etc. -05/12/98---**01**034--010 ****188.75 ****188.75 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. DATE _ SIGNATURE _ (Brigishered Agent Accepting Appendirent) (NOTE Registered Agent signature required when reinstating) City, State and Zip Code **Business Street Address** Managing Members/Managers 10. Title 10800 Biscayne Blvd., Suite Miami, Florida 33161 MCR AZOUT, JOSE R.

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Ifurther 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 illmitted 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:

ALANO TYPED OH PRINTED HANN OF SIGNING HANAGING MEMBER OR MANAGER

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