

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

97 MAY -2 PM 1:44

DOCUMENT # A 29521

1. Name of Limited Partnership
LEGAL YOGURT, LTD.

DO NOT WRITE IN THIS SPACE.

2. Mailing Address One Datan Center 1010 #, etc.		3. Principal Office Address One Datan Center Suite 1010		4. Date Formed or Registered To Do Business in Florida 1/18/90	
City & State MIAMI FL 33156		City & State MIAMI FL 33156		5. FEI Number 65-0166829	
Zip 33156		Zip 33156		Applied For Not Applicable	
Country USA		Country USA		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> SB 75 Additional Fee required for a Certificate of Status	
7. State or Country of Formation Florida					

8a. Capital Contributions as Shown on Record 54,500.00	FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$103.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
8b. Amount of Capital Contributions in FLORIDA to date:	

9. Name and Address of Current Registered Agent		10. If changed, new registered agent/office	
STEIN, BARRY A. Suite 1010 9100 S. Dadeland Blvd. MIAMI FL 33156		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	Zip Code
		FL	

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
Allajar, Inc.	Suite 1010 9100 S. Dadeland Blvd.	MIAMI FL 33156	L42918

100002172301--9
 -05/08/97--01151--002
 ***985/25 ***985.25
REINSTATEMENT
 OK 5-2

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Barry A Stein Pres Allajar Inc DATE 3/1/97
 Typed or Printed Name of General Partner Signing Form BARRY A STEIN Telephone Number 3056702333

CR2E039 (1/97)