2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT# A97000002711 Entity Name SECRETARY OF STATE DIVISION OF CORPORATIONS FINE LINE IMPORTERS, LTD. DO JUL 10 AM 9: 25 Mailing Address Principal Place of Business 1855 GRIFFIN ROAD, STE. B-336 1855 GRIFFIN ROAD. STE. B-336 DANIA FL 33004-2242 DANIA FL 33004 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0801826 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent- -6. Name and Address of Current Registered Agent MANDEL, PETER Street Address (P.O. Box Number is Not Acceptable) 1855 GRIFFIN ROAD, STE. B-336 DANIA FL 33004 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$60,000.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12 13. P97000098864 DOCUMENT# STREET ADDRESS FABU, INC. NAME 1855 GRIFFIN ROAD, STE. B-336 STREET ADDRESS CITY+ST-ZIP DANIA FL 33004 CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENTA STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DCCUMENT# STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Date

Description of the Phone #