30-AUG-2004 17:17 FROM ARISON HOLDINGS TO

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Secretary of State
09-03-2004 90037 012 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000049295

1. Entity Name
GLAZER INTERNATIONAL, LLC

24083268

Principal Place of Business	Mailing Address
276 BAL BAY DR BAL HARBOUR, FL 33154	276 BAL BAY DR BAL HARBOUR, FL 33154

2. Principal Place of Business		3. Mailing Address	
c/o SAFO, LLC		c/o SAFO, LLC	
Suite, Apt. #, etc. 10800 Biscayne Blvd #950		Suite, Apt. #, etc. 10800 Biscayne Blvd #950	
City & State Miami, FL		City & State Miami, FL	
Zip 33161	Country USA	Zip 33161	Country USA

08252004 Chg-LLC CR2E083 (10/03)

4. FEI Number 80-0115524 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATE INTERNATIONAL REGISTERED AGENTS, INC. 200 S BISCAYNE BLVD, 43RD FLOOR MIAMI, FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE President NAME Ofer Glazer STREET ADDRESS 10800 Biscayne Blvd #950 CITY-ST-ZIP Miami, FL 33161	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 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.

SIGNATURE: [signature] 8/31/04 305-891-0017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #