## FILE NOW: Fee after May 1, will be \$588.75

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State FILED 1997 DIVISION OF CORPORATIONS 97 NAY -1 AM 10: 18 FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 Name and Mailing Address of Limited Liability Company SECRETARY OF STATE **DOCUMENT** #L9400000043 TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address MWR CASSEL IMPORTS, L.C. P.O. BOX 27-604 3088 NW 25TH TER BOCA RATON FL 33427-6040 BOCA RATON FL 33434 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 01/26/1994 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 65-0454040 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country 58-75 Additional Fee Required 05/01/1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name TERWILLIGER, THEODORE A 3088 NW 25TH TER Street Address (P.O. Box Number is Not Acceptable) BOCA RATON FL 33434 Sulte, Apt. #, etc. Zip Code 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 \_ DATE \_ (flagistered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR TERWILLIGER, THEODORE BO88 NW 25TH TER BOCA RATON FL MGR TURKOGLU, ERCUMENT B088 NW 25TH TER BOCA RATON FL 000002171840--8 -05/08/97--01118--016 \*\*\*\*203.75 \*\*\*\*203.75 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 fimited 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: 47 -30.97 GEN-THEODORE A.TERWILLIGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER