



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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1 Name and Mailing Address of Limited Liability Company DOCUMENT # L95000000055 SABINE ROTHSCHILD CHOCOLATES, L.C. 100 NORTH BISCAYNE BLVD. NEW WORLD TOWER, 21ST FLOOR MIAMI FL 33132-2306 <small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>		<div style="text-align: right; font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">FILED 97 MAY 15 PM 3:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> 1a. Principal Place of Business Address 100 NORTH BISCAYNE BLVD. NEW WORLD TOWER, 21ST FLOOR MIAMI FL 33132	
2 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Organized or Qualified 01/20/1995 3a. State of Formation FL 4. FEI Number 65-0566200 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 08/14/1996 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$675 Additional Fee Required	
7. Name and Address of Current Registered Agent BAUR, THOMMAS BAUR MILLER & WEBNER P.A. 100 N BISCAYNE BLVD. NEW WORLD TOWER MIAMI FL 33132		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FL</div>	
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	ROTHSCHILD, URSULA S	DUCKERSSTRASSE 15, LETCHFOR	40667 MEERBUSCH GERMA
MGR	TRADING & FINANCE CO,	XXXXXXXXXXXX 105 St. Peter's Street	XXXXXXXXXXXX St. Albans, Hertfordshire AL1 3EJ/ UK <div style="text-align: right; font-weight: bold; font-size: 1.2em;">300002184043--1 -05/19/97--01187--028 ****203.75 ****203.75</div> <div style="text-align: right; font-style: italic; font-size: 1.5em;">Jb5-15-97</div>
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 limited 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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 45%;">SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small></div><div style="width: 45%; text-align: right;"><div style="font-weight: bold; font-size: 1.2em;">(305) 377-3561</div><div style="font-style: italic; font-size: 1.5em;">April 15, 1997</div><div style="display: flex; justify-content: space-between;"><small>Date</small><small>Daytime Phone #</small></div></div></div>			