


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  97 MAY -1 AM 10:33  SECRETARY OF STATE TALLAHASSEE, FLORIDA <i>MWB</i>	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company  MARIGOLD WATCH, L.C. %I.L. CORPORATION <del>601 BRICKELL KEY DRIVE</del> MIAMI FL 33131		<b>DOCUMENT #</b> L95000000664		1a. Principal Place of Business Address  %I.L. CORPORATION 601 BRICKELL KEY DRIVE MIAMI FL 33131	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business %BRAS WATCH COMPANY Suite, Apt. #, etc. 501 BRICKELL KEY DR. #405 City & State MIAMI, FL. 33131 Zip 33131		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country U.S.A		3. Date Organized or Qualified 08/28/1995 3a. State of Formation FL 4. FEI Number 65-0605481 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 06/11/1996 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent  ALHAMBRA REGISTERED AGENTS, INC. 2 ALHAMBRA PLAZA SUITE 1202 CORAL GABLES FL 33134			8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)				DATE _____	
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	<del>GOLDEN, JEFFREY</del>	<del>169 ORANGETURCH ROAD</del>		<del>OLD TAPPAN NJ</del>	
MGRM	MARTINEZ, NICOLAS	501 BRICKELL KEY DR. #405		MIAMI FL. 33131	
MGRM	MARTINEZ-CHRISTENSEN,	<del>601 BRICKELL KEY DRIVE, SU</del>		MIAMI FL	
MGRM	<del>GENAUER, MARTIN J</del>	501 BRICKELL KEY DR. #405		MIAMI FL. 33131	
MGRM	MARTINEZ, FEDERICO	<del>2 ALHAMBRA PLAZA, SUITE 12</del>		<del>CORAL GABLES FL</del>	
		501 BRICKELL KEY DR. #405		MIAMI FL. 33131	
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.					
<b>SIGNATURE:</b> CARLOS MARTINEZ-CHRISTENSEN <i>4/25/97 (305) 372-5069</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER					
Date Daytime Phone #					