
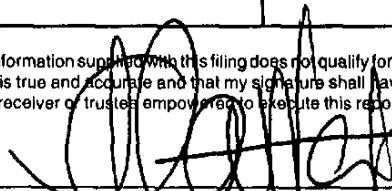


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company  ST. TROPEZ, L.C. 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131		DOCUMENT # L96000000363	
2. Principal Place of Business St Tropez L.C. 7330 Ocean Terrace Miami Beach, FL 33141 USA		2a. Mailing Address 7330 Ocean Terrace Miami Beach, FL 33141 USA	
3. Date Organized or Qualified 03/29/1996		3a. State of Formation FL	
4. FEI Number 65-0463174		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 05/15/1997		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent  FREEMAN, STEPHEN A 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131		8. Name and Address of New Registered Agent/Office  Name Street Address (P.O. Box Number is Not Acceptable) 800002451318 Suite, Apt. #, etc. -03/09/98--01153--018 City ****188.75 Code ****188.75 FL	
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 _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	WASERSTEIN, ALAN	9509 HARDING AVENUE	MIAMI BEACH FL
MGR	<del>GOZMAN, BEATRIZ</del>	<del>9509 HARDING AVENUE</del>	<del>MIAMI BEACH FL</del>
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.			
SIGNATURE: 		Managing Member 2/26/98 865-1708	
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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