
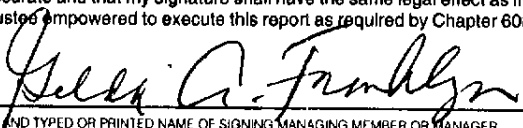


**FILE NOW: Fee after May 1, will be \$588.75**

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<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>	
<b>1. Name and Mailing Address of Limited Liability Company</b> <b>DOCUMENT #</b> L96000000496  GLOBAL FLOORING SYSTEMS LLC 17038 <del>16045</del> W. DIXIE HIGHWAY STE 116 NO MIAMI FL 33160		<b>1a. Principal Place of Business Address</b> 17038 <del>16045</del> W. DIXIE HIGHWAY STE 116 NO MIAMI FL 33160	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
<b>2. Principal Place of Business</b> 17038 W. DIXIE Hwy STE 116 City & State N. MIAMI BEACH, FL Zip 33160		<b>2a. Mailing Address</b> 17038 W. DIXIE Hwy STE 116 City & State N. MIAMI BEACH, FL Zip 33160	
<b>3. Date Organized or Qualified</b> 05/06/1996		<b>3a. State of Formation</b> FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Date of Last Report</b> 65-0753880		<b>6. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>7. Name and Address of Current Registered Agent</b> FRANKLYN, GILDA <del>16045</del> W. DIXIE HIGHWAY STE 116 NO MIAMI FL 33160		<b>8. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 17038 W. DIXIE HWY Suite, Apt. #, etc. STE 116 City N. MIAMI BEACH FL Zip Code 33160	
<b>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.</b>			
<b>SIGNATURE</b> _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)		<b>DATE</b> _____	
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>	<b>City, State and Zip Code</b>
MGRM	FRANKLYN, GILDA	17038 <del>16045</del> W. DIXIE HIGHWAY STE NO MIAMI FL	
MGRM	CLAYTON, PETER	17038 <del>16045</del> W. DIXIE HIGHWAY STE NO MIAMI FL	
			000002201180--3 -06/04/97--01053--005 ****203.75 ****203.75  JBK-2-97
<b>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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		5/27/97 305 947-1442 Date Daytime Phone #	