2nd, NOTICE:

Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY									
ANNUAL REPORT									
1997									



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT Sandra B. Mortham							UNISION OF GUNPURATIONS				
2141	199		San Land		cretary of I OF COR	State PORATIONS		97 SEP 1	R AMI	n: n 9	
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee							<u> </u>		V		
\$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE							<u> </u>			ļ	
1. Name and Malling Address of Limited Liability Company DOCUMENT #L9600000691											
ONE STORES 1007 T C							1a. Principal Place of Business Address				
CMM FLORIDA 103J, L.C. 10800 BISCAYNE BLVD PENTHOUSE						10800 BISCAYNE BLVD PENTHO					
MIAMI FL 33161							MIAMI FI		DHVD.	LENINO	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.										,	
2. Principal P	ness		iling Address				ed or Qualified	3a. State	of Formation		
								06/25/1996 FL /			
Suite, Apt. #, etc. Suite, Ap			pt. #, etc.	t. #, etc.				F 11			
				(1. FEI Number			Applied For	
City & State	City & S	ota (A					ı	Not Applicable			
Zip	Country		Zip	Zip Countr		rv	5. Date of Last Report		6. Certific	ate of Status Desired	
		•				•			\$8.75 Addit	ional Fee Required	
	7. Name 8	and Address of Ci	rrent Registere	d Agent			B. Name and Add	ress of New Ro	gistered A	gent	
				-		Name			<u> </u>		
RYAN, N										····	
		NE BLVD.	- PENTI	HOUSE	OUSE Street Address (P.O. Box Number			is Not Acceptal	ole)		
MIAMI FL 33161						Suite, Apt. #, etc	Suite Ant # etc				
				Cano, rep. W. dec.							
						City			Zip Code		
					<u> </u>		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 (Registered Agent Accepting Approximent) (NOTE Registered Agent signature required when reinstating								DATE	 .		
(Registered Agent Accepting Approximent) (N				(NOTE Hagistered	Of Engistered Agent signature required when reinstating) Business Street Address			City, State and Zip Code			
10, 110	managing Weinberswallagers				Dodiness Offeet Address			City, State and Zip Code			
				1				L			
MGRM CC	DLOR M	E MINE,	INC.	11075	SANT	A MONICA	BLVD.,	LOS ANG	ELES	CA	
MGRM CE	ERAMIC	ACQUISI	TION,	10800	BISC	AYNE BLV	O PEN	MIAMI E	'L		
MGRM HA	ARRIS.	MEL		10800	BISC	AYNE BLVI	D PEN	MIAMI E	'L		
	,							}		ł	
							50	[-09/26	3/97(7255)1066002 ****588.75	
										Karny	

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Ifurther 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 timited 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.