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**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

19	97			F CORF	PORATIONS		97 SEP	18 AM	10: 09	
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee										
\$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE										
1. Name and Malling Address of Limited Liability Company DOCUMENT #L9600000745										
CMM FLORIDA 104J, L.C.						1a. Principal Place of Business Address				
	ENTHOUSE			10800	BISCAYNE	BLVD.	- PENTHO			
10800 BISCAYNE BLVD PI MIAMI FL 33161							FL 33161	DLVD.		
If above mailing address		i enter corr	ection in Block 2a.			,				
2. Principal Place of B	28. Mailin	2a. Mailing Address			3. Date Organized or Qualified 3a. State of Formation					
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			07/12/1996 FL					
					FEINU	mber		Applied For		
City & State		City & State							Not Applicable	
Zip Country		Zıp Coui		Countr	5. Date of Last		Last Report	6. Certifica	te of Status Desired	
								\$8.75 Additio	onal Fee Required	
7. Name and Address of Current Registered			gent		Name	8. Name and	d Address of New R	egistered Age	ent	
RYAN, NANCY										
10800 BISCAYNE BLVD PENTHOUSE Street Address (P.O. Box N						P.O. Box Nur	nber is Not Accepta	ble)		
MIAMI FL 33	Suite, Apt. #, etc.									
			oune, Apr. #, etc	•						
					City	· · · · · · · · · · · · · · · · · · ·	Zip Code			
	<u></u>			·····	<u>FL</u>		· · · · · · · · · · · · · · · · · · ·			
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) (I 10. Title Managing Members/Managers			OTE Registered Agent signature required when reinstating) Business Street Address			g)	City	City, State and Zip Code		
TWO INCOMES WAITAGES			Dusinos Great Address				- Only	Only, oldio and Exp code		
MGPM COLOR	11075 SANTA MONICA BLVD.,				, LOS ANO	ertes (<u>α</u> Σ			
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MGRM CERAMIC ACQUISITION ,			10800 BISCAYNE BLVD PEN				en miami i	?L		
MGRM HARRIS, MEL 1			10800 BISCAYNE BLVD PEN				EN MIAMI I	FL		
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						•	-09/2	6/970	1066002 ****588.75	
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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. If urther 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 eath; 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: CMMI, MANAGING MEMBER