

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company **DOCUMENT #L96000000904**

CYBER IMAGE DESIGN L.C.
P O BOX 7095
SURFSIDE FL 33154

1a. Principal Place of Business Address

P O BOX 7095
SURFSIDE FL 33154

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business 1045 KANE CONCOURSE Suite, Apt. #, etc. #206 City & State BAY HARBOR ISLAND Zip 33154 Country USA	2a. Mailing Address 1045 KANE CONCOURSE Suite, Apt. #, etc. #206 City & State BAY HARBOR ISLAND Zip 33154 Country USA
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3. Date Organized or Qualified 08/26/1996	3a. State of Formation FL
4. FEI Number 65-0697593	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> SB 70 Additional Fee Required

7. Name and Address of Current Registered Agent SILVERSTEIN, BARRY D 2999 NE 191 STREET STE 704 NO MIAMI BEACH FL 33180	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
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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
MEM	GEWIRTZ, AARON	P O BOX 7095 N/A	SURFSIDE FL
MEM	ROSENBLATT, MESHULAM	P O BOX 7095 N/A	SURFSIDE FL
MEM	GEWIRTZ, ESTHER	P O BOX 7095	SURFSIDE, FL

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****203.75 ****203.75

A. Mew
4/21/97

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: *A. Mew* **04/11/97 305-868-3211**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #