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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997 \$ 203.75 Name and Mailing Address of Limited Liability Company



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State FILED DIVISION OF CORPORATIONS 97 HAY -1 PM 4: 02 FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE **DOCUMENT** #196000001138 TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address BLAU & WEISS INVESTMENTS, L.C. 80 SW 8TH ST. STE 2077 80 SW 8TH ST. STE 2077 MIAMI FL 33130 MIAMI FL 33130 If above mailing address is incorrect in any way, tine through incorrect information and enter correction in Block 2a. 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 3851 CRAWFORD AVE. 10/28/1996 FL Suite, Apl. #, etc. Suite, Apt. #, etc 4. FEI Number Applied For 65-0709315 City & State City & State Not Applicable FLORIDA , וגאא 5. Date of Last Report 6. Certificate of Status Desired Country \$8.75 Additional Fee Bequired USA 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent AGRAMUNT, LUIS 80 SW 8TH ST. STE 2077 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33130 500002173685---() -05/09/97--01118--016 ****203.75 ****203.75 Suite, Apt. #, etc. 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) INOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM VERLEUR, ELISABETH 80 SW 8TH ST. STE 2077 MIAMI FL MGRM ZIRCONIO INTERNATION, 80 SW 8TH ST. STE 2077 MIAMI FL 11. Ido hereby certify that the information subject with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther certify that the information indicated on this annual report is true and facturate and the 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 of justee 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.

NRIQUE ESCAPILLA P.O. A. 4/23/18

E AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

INHSE10 R(12-96)

SIGNATURE