



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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997			FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b>  97 MAY 15 PM 3:33  SECRETARY OF STATE TALLAHASSEE, FLORIDA
<b>FILING FEE \$ 203.75</b>		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>		
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L96000001191</b>  FLORIDA MARKETING & SALES GROUP, L.C. C/O BAUR, MILLER & WEBNER 100 N BISCAYNE BLVD NEW WORLD TWR 21ST FL MIAMI FL 33132-2306		1a. Principal Place of Business Address  C/O BAUR, MILLER & WEBNER 100 N BISCAYNE BLVD NEW WORLD MIAMI FL 33132		
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.				
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country		3. Date Organized or Qualified 11/12/1996
				3a. State of Formation FL
		4. FEI Number <b>65-0728409</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent  WOODBRIDGE, FREDERICK JR C/O BAUR, MILLER & WEBNER 100 N BISCAYNE BLVD NEW WORLD TWR 21 MIAMI FL 33132			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	
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) (NOTE: Registered Agent signature required when reinstating)				
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	
MGRM	AHRABIAN, DARIUS	100 N BISCAYNE BLVD 21ST F	MIAMI FL	
MGRM	FLORIDA PROPERTY SAL,	100 N BISCAYNE BLVD 21ST F	MIAMI FL	
			000002184040--0 -05/19/97--01187--027 ****203.75 ****203.75  JB5-15-97	
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: 		Darius Ahrabian, Member		4/23/97 (305) 377-3561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #