

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED *VA 4/20*
98 APR 17 AM 10:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L96000001191

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 WORL
MIAMI FL 33132

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|--------------------------------|---|
| 3. Date Organized or Qualified | 3a. State of Formation |
| 11/12/1996 | FL |
| 4. FEI Number | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 65-0728409 | |
| 5. Date of Last Report | 6. Certificate of Status Desired |
| 05/15/1997 | \$8.75 Additional Fee Required <input type="checkbox"/> |

7. Name and Address of Current Registered Agent

WOODBIDGE, 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/Office

| | |
|--|----------|
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| Suite, Apt. #, etc. | |
| City | Zip Code |
| | 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 Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____

| 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 |

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****188.75 ****188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (f), 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: *[Signature]* DR. DARIUS AHRABIAN Date: 04-14-98 Daytime Phone # _____