


**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 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  97 SEP 18 AM 10:09	
<b>FILING FEE</b> \$ 588.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company  <b>CMM FLORIDA 107J, L.C. 10800 BISCAYNE BLVD. PENTHOUSE MIAMI FL 33161</b>		<b>DOCUMENT # L96000001211</b>  1a. Principal Place of Business Address  <b>10800 BISCAYNE BLVD. PENTHOUSE MIAMI FL 33161</b>			
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      3a. State of Formation  <b>11/15/1996                      FL</b>  4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>			
7. Name and Address of Current Registered Agent  <b>RYAN, NANCY 10800 BISCAYNE BLVD. PENTHOUSE MIAMI FL 33161</b>			8. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City                      Zip Code <b>FL</b>		
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	COLOR ME MINE, INC.	11075 SANTA MONICA BLVD, S		LOS ANGELES CA	
MGRM	CERAMIC ACQUISITION ,	10800 BISCAYNE BLVD. PENTH		NORTH MIAMI FL	
MGRM	HARRIS, MEL	10800 BISCAYNE BLVD. PENTH		NORTH MIAMI FL	
				<b>400002304734--9</b> -09/26/97--01066--002 ***5887.50 ***588.75  <b>KWM</b>	

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.

*Alex Guila*

**SIGNATURE: CMMI, MANAGING MEMBER, by Alex Guila, Its CFO 9/19/97 818-325-805**