



**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>FILING FEE</b> \$ 203.75		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 # L96000001262</b>			
XSTASIS, L.C. 9191 FONTAINEBLEU BLVD. #12 MIAMI FL 33172		1a. Principal Place of Business Address 9191 FONTAINEBLEU BLVD. #12 MIAMI FL 33172			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business <b>SAME</b>		2a. Mailing Address		3. Date Organized or Qualified 1/27/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation FL	
City & State		City & State		4. FEI Number 65-0719593	
Zip		Country		5. Date of Last Report	
				6. Certificate of Status Desired SIC 75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent		
HOYT, TIM 9191 FONTAINEBLEU BLVD. #12 MIAMI FL 33172			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City		
			700002186577-2 -05/21/97-01058-016 ****203.75 ****203.75 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	HOYT, TIM	9191 FONTAINEBLEU BLVD. #1		MIAMI FL	
MGRM	FOSTER, DAVID	1825 CLAREMONT DRIVE		BOISE ID	
<del>MGRM</del>	<del>FRIEDLANDER, EMIL</del>	<del>2124 BUSH STREET #2</del>		<del>SAN FRANCISCO CA</del>	
MGRM	MENON, JAYKUMAR	189 CLAREMONT AVE #52		NEW YORK NY	
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: 		JAYKUMAR MENON		APRIL 28, 1997 212-749-8870	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	