File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY & Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS 98 APR 24 AM 11: 35 FILING FEE | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 188.75 بالزالمارية Name and Mailing Address of Limited Liability Company **DOCUMENT #** L9700000199 1a. Principal Place of Business Address R.U.J.E. ENTERPRISES L.L.C. C/O HOLLAND & KNIGHT C/O HOLLAND & KNIGHT 701 BRICKELL AVE., SUITE 3000 701 BRICKELL AVE., SUITE 300 MIAMI FL 33131 MIAMI FL 33131 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 2. Principal Place of Business 02/18/1997 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 65-0792030 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country 58.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name INTRASTATE REGISTERE, D AGENT CORPOR Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE SUITE 3000 Sulte, Apt. #, etc. MIAMI FL 33131 City 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. (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) **Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers MGR AVILA, RAUL 37-49 94TH STREET JACKSON HEIGHTS NY MGR CASTIEL, JESUS M 37-49 94TH STREET JACKSON HEIGHTS NY

11. It ohereby 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:

SIGNATURE AND TYPEDIOR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

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