

2<sup>nd</sup> and FINAL NOTICE: File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$666.75

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra S. Northman  
Secretary of State  
DIVISION OF CORPORATIONS

FILING FEE \$ 588.75 Annual Report \$188.00 + \$40.75 Corporation Supplemental Fee + \$400.00 Late Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

FILED

98 AUG 17 PM 4:25

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L97000000415**

THE MONTREUX GROUP, L.C.  
407 LINCOLN ROAD  
4TH FLOOR  
MIAMI BEACH FL 33139

1a. Principal Place of Business Address  
**SECRETARY OF STATE**  
407 LINCOLN ROAD  
4TH FLOOR  
MIAMI BEACH FL 33139

|                                |                     |                                |                                                                                 |
|--------------------------------|---------------------|--------------------------------|---------------------------------------------------------------------------------|
| 2. Principal Place of Business | 3a. Mailing Address | 3. Date Organized or Qualified | 3a. State of Formation                                                          |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 04/14/1997                     | FL                                                                              |
| City & State                   | City & State        | 4. FE Number                   | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| City                           | State               | 65-0750963-                    |                                                                                 |
| Country                        | Country             | 5. Date of Last Report         | 6. Certificate of Status Desired                                                |

|                                                                          |                                                                                           |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| 7. Name and Address of Current Registered Agent                          | 8. Name and Address of New Registered Agent/Office                                        |
| MINKOWITZ, RINA<br>407 LINCOLN ROAD<br>4TH FLOOR<br>MIAMI BEACH FL 33139 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, etc.<br>City |

9. Pursuant to the provisions of Sections 804.416 and 804.508, 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, thereby accepting the appointment as registered agent, and accepts the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

| 10. Title | Managing Members/Managers | Business Street Address    | City, State and Zip Code |
|-----------|---------------------------|----------------------------|--------------------------|
| MGR       | BENASSI, PETER            | 9480 BEVERLY COURT         | BEVERLY HILLS CA         |
| MGR       | MINKOWITZ, RINA           | 407 LINCOLN ROAD 4TH FLOOR | MIAMI BEACH FL           |

11. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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 506, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ 8/10/98

PRINT NAME AND TYPED OR PRINTED NAME OF SIGNER: MANAGING MEMBER OR CHAIRMAN