2nd and File on or before Sept. 29, 1999 or Limited Liability Company FINAL NOTICE: will be dissolved. FILED LL FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY **Katherine Harris** ANNUAL REPORT Secretary of State 99 AUG -9 PM 3: 47 8/9 1999 DIVISION OF CORPORATIONS SECRETARY UF STATE
TALLAHASSEE FLORIBA FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee \$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company DOCUMENT # L97000000415 1a. Principal Place of Business Address THE MONTREUX GROUP, L.C. 407 LINCOLN ROAD 407 LINCOLN ROAD 4TH FLOOR 4TH FLOOR MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2 Principal Place of Business 2a. Malling Address 3. Date Organized or Qualified | 3a. State of Formation 04/14/1997 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 65-0750963 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 08/17/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office MINKOWITZ, RINA Street Address (P.O. Box Number is Not Acceptable) 407 LINCOLN ROAD 4TH FLOOR Suite, Apt. #, etc. MIAMI BEACH FL 33139 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. DATE SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code ERLY BENASSI, PETER BEVEYLY HILLS CA MGR 9480 BEVERLY GOURT MGR MINKOWITZ, RINA 407 LINCOLN ROAD 4TH FLOOR MIAMI BEACH FL 600002962426----08/17/99--01071--003 ****588.75 ****588.75 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (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 to stee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBLEH OR MANAGERI

INHSE10 R (6/99)

Daytime Phone #