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 FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAY -5 AM 9: 08 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE Name and Mailing Address
of Limited Liability Company TALLAHASSEE, FLORIDA **DOCUMENT #** L97000000661 1a. Principal Place of Business Address HITTEL, L.C. 2222 PONCE DE LEON BLVD. 2222 PONCE DE LEON BLVD. SUITE 502 SUITE 502 CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 2a. Mailino Address 3. Date Organized or Qualified | 3a. State of Formation SAME Suite, Apt. #, etc. <u> 06/18/1997</u> Applied For City & State City & State 65-0795030 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country NIA \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office CASTILLO, FELIX R Street Address (P.O. Box Number is Not Acceptable) 2222 PONCE DE LEON BLVD. SUITE 502 Suite, Apt. #, etc. CORAL GABLES FL 33134 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. SIGNATURE of According Appointment) (NOTE Hagistered Agent signature required when reinstating) Managing Members/Managers 10. Title **Business Street Address** City, State and Zip Code MGR GLOBAL ENTERTAINMENT G 2222 PONCE DE LEON BLVD., CORAL GABLES FL 600002521446---5 -05/13/38--01016--016 \*\*\*\*188.75 \*\*\*\*188.75

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther 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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/50/98 (305) 442-0885

de/5/16/58