



2nd and File on or before Sept. 30, 1998 or Limited Liability Company will be
FINAL NOTICE: dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 588.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L97000000738 FRENCH KISS, L.C. 14390 COLLINS AVE. SUITE #1503 N. MIAMI BEACH, FL 33160				1a. Principal Place of Business Address	
2. Principal Place of Business 14390 COLLINS AVE., #1503		2a. Mailing Address 14390 COLLINS AVE.		3. Date Organized or Qualified 7-8-1997	
Suite, Apt. #, etc. 1503		Suite, Apt. #, etc. 1503		3a. State of Formation FLORIDA	
City & State N. MIAMI BEACH, FL		City & State N. MIAMI BEACH, FL		4. FEI Number 65-0806534 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33160		Country U.S.		5. Date of Last Report	
				6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent PATRICK MOYAL 82 N. UNIVERSITY DRIVE PEMBROKE PINES, FL 33024				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 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 11/16/98 (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM.	CEDRIC SARFATI	14390 COLLINS AVE., #1503		N. MIAMI BEACH, FL 33160	
	CLAUDINE SARFATI	14390 COLLINS AVE., #1503		N. MIAMI BEACH, FL 33160	
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: X SARFATI-C 11/16/98 305-931-2582 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #					