


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		99 APR -8 PM 1:51									
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE											
1 Name and Mailing Address of Limited Liability Company DOCUMENT # L97000000738 FRENCH KISS, L.C. 19390 COLLINS AVENUE, SUITE 1503 N. MIAMI BEACH FL 33160		1a. Principal Place of Business Address 19390 COLLINS AVENUE, SUITE N. MIAMI BEACH FL 33160											
2 Principal Place of Business Suite, Apt #, etc City & State Zip Country		2a. Mailing Address Suite, Apt #, etc City & State Zip Country		3. Date Organized or Qualified 06/28/1997 3a. State of Formation FL 4. FEI Number 65-0806534 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 11/24/1998 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required									
7. Name and Address of Current Registered Agent MOYAL, PATRICK 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 State 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 _____										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">10. Title</td> <td style="width: 30%;">Managing Members/Managers</td> <td style="width: 30%;">Business Street Address</td> <td style="width: 30%;">City, State and Zip Code</td> </tr> <tr> <td>MGRM</td> <td>SARFATI, CEDRIC</td> <td>19390 COLLINS AVENUE, SUITE 1503</td> <td>N. MIAMI BEACH FL 33160</td> </tr> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGRM	SARFATI, CEDRIC	19390 COLLINS AVENUE, SUITE 1503	N. MIAMI BEACH FL 33160
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code										
MGRM	SARFATI, CEDRIC	19390 COLLINS AVENUE, SUITE 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)(b), 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: SARFATI, CEDRIC 4/3/99 305-931-2582													