
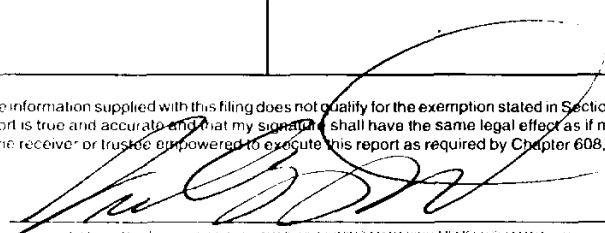


2<sup>nd</sup> and  
**FINAL NOTICE:** File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

|   |                           |   |                          |
|---|---------------------------|---|--------------------------|
| LIMITED LIABILITY COMPANY<br>ANNUAL REPORT<br>1999  |                           | <br>FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |                          |
| <b>FILING FEE</b><br>\$ 588.75  |                           | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee<br><b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>  |                          |
| 1. Name and Mailing Address of Limited Liability Company<br><b>NOAVIE LIFE ENHANCING PRODUCTS, L.C.<br/>3200 S.W. 60TH COURT, SUITE 302<br/>MIAMI FL 33155</b>  |                           | DOCUMENT # <b>L98000001686</b>  |                          |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip  |                           | 2a. Mailing Address<br><b>6800 S.W. 40<sup>th</sup> St.<br/>Suite, Apt. #, etc.<br/>P.M.B. #454<br/>City &amp; State<br/>MIAMI, FL<br/>Zip<br/>33155<br/>Country<br/>USA</b>                  |                          |
| 3. Date Organized or Qualified  |                           | 3a. State of Formation  |                          |
| <b>09/02/1998</b>   |                           | <b>FL</b>   |                          |
| 4. FEI Number   |                           | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable  |                          |
| 5. Date of Last Report  |                           | 6. Certificate of Status Desired<br><input checked="" type="checkbox"/> \$8.75 Additional Fee Required  |                          |
| 7. Name and Address of Current Registered Agent<br><b>FIELDSTONE, RONALD R<br/>200 SOUTH BISCAYNE BLVD., SUITE 2100<br/>MIAMI FL 33131</b>  |                           | 8. Name and Address of New Registered Agent/Office<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, etc.<br>City<br><b>FL</b><br>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.<br>SIGNATURE _____ DATE _____<br><small>(Signature of Agent Accepting Appointment or of Registered Agent; signature required when reappointing)</small>   |                           |   |                          |
| 10. Title   | Managing Members/Managers | Business Street Address   | City, State and Zip Code |
| MGR<br>MBR  | LAVAREZ, LUIS M.D.        | <del>6800 SW 40TH STREET, SUITE</del><br><del>6800 S.W. 40<sup>th</sup> St. PMB #454</del> MIAMI FL 33155   | MIAMI FL 33155           |
| 11. I, the undersigned, 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 furnished in 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.<br><b>SIGNATURE:</b> <br>700003063597--6<br>-12/07/98--01035--005<br>****588.75 ****588.75<br>09/20/99 305-663-1144 |                           |   |                          |