File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY **Katherine Harris** ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR 26 AM 1: 32 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L98000002191 1a. Principal Place of Business Address B&R JEWELRY, L.C. 9100 N.W. 36TH STREET, SUITE 108 9100 N.W. 36TH STREET, SUITE MIAMI FL 33178 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 2. Principal Place of Business Suite, Apt. #, etc. Suite Ant. #. etc. Applied For City & State City & State Not Applicable 6. Certificate of Status Desired Country Zip Country Zip \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office I'ID A. CHENKIN, ESQ., P.A. WEINBERG, STEVEN A ESQ. VEST SUNKISE BLYD 8000 PETERS ROAD PLANTATION FL 33324 9. Pursuant to the provisions of Sections 608.416 and 608.599. 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. Thereby accept the appointment as registered agent, and accept the obligations SIGNATURE pling Appointment). (NOTE Registered Agent signature required when reinstating) (Registered A City, State and Zip Code **Business Street Address** 10. Title Managing Members/Managers 9100 NW 36TH STREET, #108 MGRM FIOR INDUSTRIES, INC. MIAMI FL MGRM WOLFE, RICHARD 363 PALM BLVD. WESTON FL 90|0002870379-~2 | -05/11/99--01006--011 ****197.50 ****197.50 11. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (ii), 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 his report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address SIGNATURE:

NAME OF SIGNING MANAGINI

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