
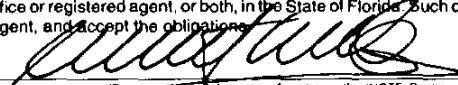
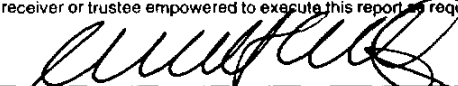


2<sup>nd</sup> and File on or before Sept. 29, 1999 or Limited Liability Company  
**FINAL NOTICE:** will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 588.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company <b>CRYOFRESH, LLC</b> 2000 NORTHWEST 95 AVENUE MIAMI FL 33172		<b>DOCUMENT #</b> L98000003033	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address Suite, Apt. #, etc. City & State Zip	
3. Date Organized or Qualified 12/07/1998		3a. State of Formation FL	
4. FEI Number 65-0879627		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input checked="" type="checkbox"/> No Additional Fee Required	
7. Name and Address of Current Registered Agent <b>AMERILAWYER,</b> 343 ALMERIA AVENUE CORAL GABLES FL 33134		8. Name and Address of New Registered Agent/Office Name <b>CRISTIAN FIRMAT</b> Street Address (P.O. Box Number is Not Acceptable) 2000 NW 95th AVENUE Suite, Apt. #, etc. City MIAMI FL Zip Code 33172	
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	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	GROS, JEAN-SEBASTIEN	2000 NORTHWEST 95 AVENUE	MIAMI FL
MGR	FIRMAT, CHRISTIAN	2000 NORTHWEST 95 AVENUE	MIAMI FL
MGR	PONS, JOSE	2000 NORTHWEST 95 AVENUE	MIAMI FL
8000002950548--6 -08/04/99--01072--016 ****597.50 ****597.50			
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: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER			