
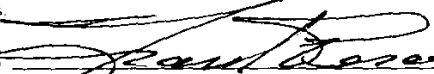


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 188.75		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>CRISTALL U.S.A., L.L.C.</b> 902 Clint Moore Road, Suite 142 Boca Raton, Florida 33487		<b>DOCUMENT #</b> L98000003132			
2. Principal Place of Business 902 Clint Moore Road Suite, Apt. #, etc. Suite 142 City & State Boca Raton, Florida Zip 33487		2a. Mailing Address Same Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified December 11, 1998 3a. State of Formation Florida 4. FEI Number pending (application attached) 5. Date of Last Report initial report	
7. Name and Address of Current Registered Agent David M. Beckerman, Esq. 1200 North Federal Highway, Suite 320 Boca Raton, Florida 33432		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 _____ <small>(Registered Agent Accepting Appointment) (NOT: Registered Agent Signature required when first setup)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
Man	Frank Pesce, Manager	902 Clint Moore Road, Su #142		Boca Raton, Florida 33487	
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. 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: 		Manager		(561) 997-0400	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address

Same

☒ Applied For

☐ Not Applicable

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

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