
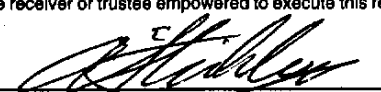


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 FEB 10 PM 2:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company INTERNATIONAL DESSERT PARTNERS L.L.C., L.C. 5200 BLUE LAGOON DRIVE, SUITE 790 MIAMI FL 33126		DOCUMENT #195000000230 1a. Principal Place of Business Address 5200 BLUE LAGOON DRIVE, SUITE MIAMI FL 33126			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
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 08/04/1995 3a. State of Formation DE 4. FEI Number 65-0601166 5. Date of Last Report 02/14/1996 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> State and Franchise Fee Required	
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 700002084927--2 -02/12/94-091027--016 ***203.75 *****203.75		
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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title Managing Members/Managers Business Street Address City, State and Zip Code					
MGR BUSH, JOHN		5200 BLUE LAGOON DR., STE.		MIAMI FL	
MGR STICKLEY, ARTHUR E		5200 BLUE LAGOON DR., STE.		MIAMI FL	
MGR HOMER, DAVID		5200 BLUE LAGOON DR., STE.		MIAMI FL	
MGR LUCAS, JOHN		5200 BLUE LAGOON DR., STE.		MIAMI FL	
MGR AREND, PHILIP L		5200 BLUE LAGOON DR., STE.		MIAMI FL	
MRGM APPEL, MARJORY A		700 SYLVAN PLAZA		INGLEWOOD CLIFFS NJ	
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:  Arthur E. Stickley 1/24/97 (305) 264-2232					