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

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 97 FEB -4 PM 2:27 1997 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee CRETARY OF STATE LAHASSEE, FLORIDA \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #**M95000000330 1a. Principal Place of Business Address ZAR INDUSTRIES LLC 595 EAST 10TH AVENUE 595 EAST 10TH AVENUE HIALEAH FL HIALEAH FL If above malling address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 1/06/1995 NY Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 3-3842733 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zιρ Country 58.75 Additional Fee Required D3/29/1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name ROBINSON, JEFFREY 595 EAST 10TH AVENUE Street Address (P.O. Box Number is Not Acceptable) HIALEAH FI Suite, Apt. #, etc. Zip Code City 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 (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM DOLEE BUTTONS INC., 519 EIGHTH AVENUE NEW YORK NY MGRM ARZEE HOLDING INC., \$19 EIGHTH AVENUE **50600208**0835--3 -02/06/97--01134--004 ****203.75 ****203.75 a. Man-97 11. I do hereby certify that the information supplied with this filling 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

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

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attachment with an address.

SIGNATURE: