


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED 98 MAR 13 PM 4:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # M95000000330		1a. Principal Place of Business Address	
ZAR INDUSTRIES LLC <del>595 EAST 10TH AVENUE</del> <del>MIAMI FL</del>		ZAR INDUSTRIES, L.L.C. 519 EIGHTH AVENUE NEW YORK, NY 10018		<del>595 EAST 10TH AVENUE</del> <del>MIAMI FL</del>	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
4880 NW 157th ST.				11/06/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation	
				NY	
City & State		City & State		4. FEI Number	
MIAMI				13-3842733	
Zip		Country		<input type="checkbox"/> Applied For	
33014		DADE		<input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired			
02/04/1997		SB 75 Additional Fee Required <input type="checkbox"/>			
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
ROBINSON, JEFFREY <del>595 EAST 10TH AVENUE</del> <del>MIAMI FL</del>		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		4880 NW 157th ST.			
		Suite, Apt. #, etc.			
		City			
		MIAMI FL			
		Zip Code			
		33014			
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	
MGRM	JOLEE BUTTONS INC.,	519 EIGHTH AVENUE		NEW YORK NY	
MGRM	ARZEE HOLDING INC.,	519 EIGHTH AVENUE		NEW YORK NY	
800002459908--8 -03/17/98--01080--011 ****188.75 ****188.75					

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 TYPE OR PRINT NAME OF SIGNING MANAGING MEMBER OR MANAGER

STEVEN ZAMATO 3-10-98 772-613-0800

Date

Daytime Phone #