

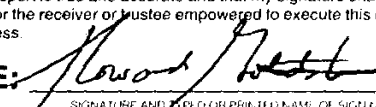


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED MAY 28 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE: Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>					
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # M98000001111</b>  WOLFORD BOUTIQUES, LLC 540 MADISON AVENUE, 34TH FLOOR NEW YORK NY 10022			1a. Principal Place of Business Address  540 MADISON AVENUE, 34TH FLO NEW YORK NY 10022		
2. Principal Place of Business 9700 Collins Ave Suite, Apt. #, etc. Suite 146 City & State Bal Harbour, FL Zip 33154 Country USA		2a. Mailing Address 9700 Collins Ave Suite, Apt. #, etc. Suite 146 City & State BAL HARBOUR, FL Zip 33154 Country USA		3. Date Organized or Qualified 09/30/1998 3a. State of Formation NY 4. FEI Number 13-4016035 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent  UNITED CORPORATE SERVICES, INC. 801 NORTHEAST 167TH STREET, SUITE 30 NORTH MIAMI BEACH FL 33162			8. Name and Address of New Registered Agent/Office Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, etc. _____ City _____ Zip Code <b>FL</b>		
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 new filing)					
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code		
MGRM	WOLFORD AMERICA, INC.	540 MADISON AVENUE, 34TH F	NEW YORK NY		
6100002899286-4 -06/03/99--01038--017 *****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: 			5/25/99		
SIGNATURE AND TITLE (OR PRINTED NAME) OF SIGNING MANAGER, MEMBER OR MANAGER (Date) (Signature)					

2



*WIEN PARIS LONDON*

WOLFORD BOUTIQUES, LLC

540 Madison Avenue, 34<sup>th</sup> Floor

New York, NY 10022

Tel. (212) 453-5556. Fax (212) 453-5563

27 May, 1999

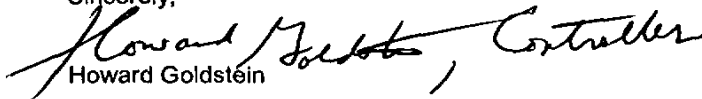
Division of Corporations  
Registration Section  
PO Box 6327  
Tallahassee, FL 32314

Dear State Representative,

Attached is the completed limited liability company annual report for 1999 with a check for \$188.75

I was in a car accident on March 25, 1999 and understand that I am late with filing. I hope that we can waive the penalty fee.

Sincerely,

  
Howard Goldstein, Controller