

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

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
ANNUAL REPORT 1997			
<b>FILING FEE \$ 203.75</b>		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT #200111</b>	
SPICE, L.C. % FERNANDO E. MENOYO 737 VALENCIA AVE CORAL GABLES FL 33134		1a. Principal Place of Business Address % FERNANDO E. MENOYO 737 VALENCIA AVE CORAL GABLES FL 33134	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
3. Date Organized or Qualified		3a. State of Formation	
06/09/1989		FL	
4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
65-0254102			
5. Date of Last Report		6. Certificate of Status Desired	
06/10/1996		S8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
EISINGER, DENNIS J YOUNG, STERN & TANNENBAUM, P.A. 19495 RISCAYNE BLVD N. MIAMI BEACH FL 33180		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 300002116139-4 City 03/18/97-01062-007 Zip Code *****203.75 *****203.75 <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's signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	BEDA, DAVID	19355 NE 36TH CT, 11-D	N. MIAMI BEACH FL
MEM	AVANTI INTERNATIONAL, L	18650 NE 28TH CT	N. MIAMI BEACH FL
MEM	AZOUT, JACK	18650 NE 28TH CT	N. MIAMI BEACH FL
MEM	MENOYO, FERNANDO E	18650 NE 28TH CT	N. MIAMI BEACH FL
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: <i>[Signature]</i>		Date: 1/24/97 Daytime Phone #: (305) 443-344	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER			