


2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 SEP 11 PM 3:24	
FILING FEE \$ 588.75 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company CAM FILM WORKS, L.C. 90 EDGEWATER DRIVE, #1119 CORAL GABLES FL 33133			DOCUMENT # L95000000290 1a. Principal Place of Business Address 90 EDGEWATER DRIVE, #1119 CORAL GABLES FL 33133		
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 3a. State of Formation 04/12/1995 FL 4. FEI Number <input type="checkbox"/> Applied For 65-0572773 <input type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired 04/19/1996 <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent FARR, NEAL E <i>MICHAEL NAPPARSTEK</i> 1550 MADRUGA AVENUE SUITE #120 CORAL GABLES FL 33146.			8. Name and Address of New Registered Agent Name <i>MICHAEL NAPPARSTEK</i> Street Address (P.O. Box Number is Not Acceptable) <i>9784 ROYAL PALM BLVD</i> Suite, Apt. #, etc. <i>CORAL SPRINGS FL 33065</i> City FL Zip Code		
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 <i>[Signature]</i> DATE 8/20/97 <small>(Registered Agent Acceptance Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	CLARIN, INC.	90 EDGEWATER DRIVE, #1119		CORAL GABLES FL	
MGR	JAG, INC.	90 EDGEWATER DRIVE, #1119		CORAL GABLES FL	
MGR	JAMATT HOLDING CORP	9784 ROYAL PALM BLVD		CORAL SPRINGS FL 33065 997-98767	
				400002294754--3 -09/16/97--01081--009 *****588.75 *****588.75 KWM	

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]*

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

8/20/97 305-665-6837