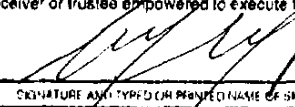


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company BIBELI PRODUCTIONS, L.C. 3600 MYSTIC POINTE DRIVE, #615 AVENTURA FL 33180		1a. Principal Place of Business Address 3600 MYSTIC POINTE DRIVE, #6 AVENTURA FL 33180	
2. Principal Place of Business 3600 MYSTIC POINTE DR. Suite, Apt. #, etc. SUITE 615 City & State AVENTURA, FL Zip 33180 Country U.S.A.		2a. Mailing Address 12000 BISCAYNE BLVD. Suite, Apt. #, etc. SUITE 220 City & State NORTH MIAMI, FL Zip 33181 Country U.S.A.	
3. Date Organized or Qualified 11/21/1997		3a. State of Formation FL	
4. FEI Number 05-0808092		☐ Applied For ☐ Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired ☐	
7. Name and Address of Current Registered Agent FELDENKRAIS, MICHAEL P.A. 12000 BISCAYNE BLVD., SUITE 220 MIAMI FL 33181		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 FL	
9. Pursuant to the provisions of Sections 606.416 and 606.508, 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 3/2/98	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent sign only, if required when resigning)			
10. Title MGRM	Managing Members/Managers CORRAL, CLAUDIA A	Business Street Address 3600 MYSTIC POINTE DRIVE #	City, State and Zip Code AVENTURA 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 606, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: 		DATE: 3/2/98 (305) 892-8409	

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****188.75 ****188.75