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
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAR -5 PM 12:36

FILING FEE	Annual Report $100.00 + $88.75 Corporation Supplemental Fee
$ 188.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

QP319

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** L97000001320

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	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
3600 Mystic Pointe Dr.	12000 Biscayne Blvd.	11/21/1997	FL
Suite, Apt. #, etc: Suite 615	Suite, Apt. #, etc: Suite 220	4. FEI Number: 65-0808092	☐ Applied For ☐ Not Applicable
City & State: Aventura, Fl	City & State: North Miami, Fl	5. Date of Last Report	6. Certificate of Status Desired ☐
Zip: 33180 Country: U.S.A.	Zip: 33181 Country: U.S.A.		

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
FELDENKRAIS, MICHAEL P.A. 12000 BISCAYNE BLVD., SUITE 220 MIAMI FL 33181	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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 _____ DATE 3/2/98
(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	CORRAL, CLAUDIA A	3600 MYSTIC POINTE DRIVE #	AVENTURA FL

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-03/10/98--01093--022
****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: _____ Claudia Corral 3/2/98 (305)892-8409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

INHSE10 R (12-97)