
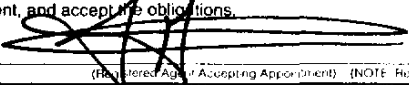
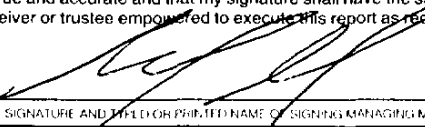


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> <b>SECRETARY OF STATE</b> <b>DIVISION OF CORPORATIONS</b>  <b>99 APR 26 AM 1:32</b>	
<b>FILING FEE</b> <b>\$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>BIBELI PRODUCTIONS, L.C.</b> <b>12000 BISCAYNE BLVD., STE. 220</b> <b>NORTH MIAMI FL 33181</b>		<b>DOCUMENT #</b> <b>L97000001320</b> <i>94-AR</i> <i>um</i>		1a. Principal Place of Business Address <b>3600 MYSTIC POINTE DRIVE, #6</b> <b>AVENTURA FL 33180</b>	
2. Principal Place of Business <b>3600 Mystic Pointe Drive</b> Suite, Apt. #, etc. <b>#615</b> City & State <b>Aventura, Florida</b> Zip <b>33180</b> Country <b>USA</b>		2a. Mailing Address <b>3600 Mystic Pointe Drive</b> Suite, Apt. #, etc. <b>#615</b> City & State <b>Aventura, Florida</b> Zip <b>33180</b> Country <b>USA</b>		3. Date Organized or Qualified <b>11/21/1997</b> 4. FEI Number <b>65-0808092</b> 5. Date of Last Report <b>03/05/1998</b>	
				3a. State of Formation <b>FL</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent <b>FELDENKRAIS, MICHAEL P.A.</b> <b>12000 BISCAYNE BLVD., SUITE 220</b> <b>MIAMI FL 33181</b>			8. Name and Address of New Registered Agent/Office Name <b>Michael Feldenkrais, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>290 NW 165 Street</b> Suite, Apt. #, etc. <b>Plaza 100</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33169</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  (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)			DATE <b>4/22/99</b>		
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
<b>NGRM</b>	<b>CORRAL, CLAUDIA A</b>	<b>3600 MYSTIC POINTE DRIVE #</b>		<b>AVENTURA FL</b>	
<b>5.00002866355--2</b> <b>-05/07/99--01017--009</b> <b>****188.75 ****188.75</b>					
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.					
<b>SIGNATURE:</b>  SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER					