

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 APR 26 PM 2: 07

SECRETARY OF STATE TALLAHASSEE, FLORIDA

400001468484

-04/28/95--01039--022

***200.00 ***200.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/11/1977	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1736974	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 533525 (2)			
1. Corporation Name BEL-MAR PAINT CORP.			
Principal Place of Business 1036 SW FIRST STREET MIAMI FL 33130		Mailing Address 1036 SW 1 ST MIAMI FL 33130 US	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 1036 S.W. 1 ST.	26	59-1736974	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 MIAMI FLA.	28 MIAMI FLA.	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 33130	25 US	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FL ANNUAL RPT/CANTERA ASSOCIATES INC. 1036 S.W. FIRST ST. MIAMI FL 33130				10. Name and Address of New Registered Agent			
				81 Name	FLORIDA ANNUAL REPORT SERVICES INC.		
				82 Street Address (P.O. Box Number is Not Acceptable)	1036 S.W. 1 ST.		
				83			
				84 City	MIAMI	85 Zip Code	FL 33130

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0506, Florida Statutes.

SIGNATURE: *[Signature]* **AMADA C. LOPEZ, PRES** DATE: **4/25/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHMOIRAS, JAIME	1.2 NAME	D/S. BEHMOIRAS JAIME
STREET ADDRESS	805 85TH ST	1.3 STREET ADDRESS	7501 CENTER BAY DRIVE
CITY - ST - ZIP	MIAMI BCH, FL 00000	1.4 CITY - ST - ZIP	NORTH BAY VILLEGUE FLA. 33141
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEMOIRAS, RAFAEL	2.2 NAME	P/D. BE H M O I R A S RAFAEL
STREET ADDRESS	2208 BAY DR, APT 6	2.3 STREET ADDRESS	9341 E. BAY HARBOR DR. PHC
CITY - ST - ZIP	MIAMI BCH, FL 00000	2.4 CITY - ST - ZIP	BAY HARBOR FLA. 33154
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHMOIRAS, MOISES	3.2 NAME	V/D. BEHOIRAS MOISES
STREET ADDRESS	2208 BAY DR, APT 6	3.3 STREET ADDRESS	5660 COLLINS AVE. 21-c.
CITY - ST - ZIP	MIAM BCH, FL 00000	3.4 CITY - ST - ZIP	MIAMI BEACH FLA. 33140
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. Further, I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **JAIME BEHMOIRAS** DATE: **4/25/95**