

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

**APPROVED
AND
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96 MAY - 1 PM 6: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **533525** (2)
1. Corporation Name
BEL-MAR PAINT CORP.



Principal Place of Business Mailing Address
**1036 S.W. 1 ST.
MIAMI FL 33130** **1036 S.W. 1 ST.
MIAMI FL 33130**

2. Principal Place of Business 2a. Mailing Address
21 **2300 CORAL WAY** 26 **2300 CORAL WAY**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **MIAMI FLORIDA,** 27 **MIAMI FLORIDA,**
City & State City & State
23 **MIAMI FLORIDA,** 28 **MIAMI FLORIDA,**
City & State City & State
24 **33145** 25 **US.** 29 **33145** 30 **US.**
Zip Country Zip Country

3. Date Incorporated or Qualified **05/11/1977** 3a. Date of Last Report **04/26/1995**
4. FEI Number **59-1736974** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional
Fee Required**
6. Election Campaign Financing **\$5.00 May Be
Added to Fees**
8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**FLORIDA ANNUAL REPORT SERVICES, INC.
1036 S.W. 1 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)
2300 CORAL WAY SUITE # 200
83
84 City **MIAMI** FL 85 Zip Code **33145**

11. Pursuant to the provisions of Sections 607.0502 and 607.1518, 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 Sections 607.0502, Florida Statutes.

SIGNATURE *[Signature]*
Signature, typed name and title of registered agent and date of signature

AMADA CANTERA LOPEZ, PRES. DATE

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	BEHMOIRAS, JAIME	
STREET ADDRESS	7501 CENTER BAY DRIVE	
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BEHMOIRAS, RAFAEL	
STREET ADDRESS	9341 E. BAY HARBOR DR. PHC	
CITY-ST-ZIP	BAY HARBOR FL 33154	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BEHOIRAS, MOISES	
STREET ADDRESS	5660 COLLINS AVE. 21-C	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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******200.00 ****200.00**

[Handwritten signature]

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)(k), Florida Statutes. I further 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, attached, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BEHMOIRAS, JAIME

DATE: **4/29/96**
DATE
Business Phone #

CR2E034 (12/95)