

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**APPROVED  
AND  
FILED**

**98 MAR 30 AM 11:20**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1998



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

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2300 CORAL WAY #200 MIAMI FL 33145  
Mailing Address: 2300 CORAL WAY #200 MIAMI FL 33145

3. Date incorporated or Qualified: **05/11/1977**  
4. FEI Number: **59-1736974**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: 21 2300 CORAL WAY, 22 SUITE # 200, 23 MIAMI, FLORIDA, 24 33145, 25 US  
2a. Mailing Address: 26 2300 CORAL WAY, 27 SUITE # 200, 28 MIAMI, FLORIDA, 29 33145, 30 US

9. Name and Address of Current Registered Agent: **FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY #200 MIAMI FL 33145**

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83 **300002475003-3**, 84 City **MIAMI FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **AMADA CANTERA LOPEZ - PRES.** DATE: **3/22/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHMOIRAS, JAIME	1.2 NAME	
STREET ADDRESS	7501 CENTER BAY DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH BAY VILLAGE FL 33141	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHMOIRAS, RAFAEL	2.2 NAME	
STREET ADDRESS	9341 E. BAY HARBOR DR. PHC	2.3 STREET ADDRESS	
CITY - ST - ZIP	BAY HARBOR FL 33154	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHMOIRAS, MOISES	3.2 NAME	
STREET ADDRESS	5880 COLLINS AVE. 21-C	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33140	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	

*AM 3/30*

14. I 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 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]*

CR2E034 (10/97)