

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 26 1996 8:00 am
Secretary of State

DOCUMENT # **725756** (1)
1. Corporation Name
BEL-AIRE INC



Principal Place of Business: 5381 SW 40 AVE FT. LAUDERDALE FL 33314
Mailing Address: 5381 SW 40 AVE FT. LAUDERDALE FL 33314

3. Date Incorporated or Qualified: 03/08/1973
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0047041	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LACROIX, ANNA MARIE 5379 SW 40 AVE #205 FT. LAUDERDALE FL 33314	81 Name	10. Name and Address of New Registered Agent	
	82 Street Address (P.O. Box Number is Not Acceptable)	83	
	84 City	85 Zip Code	
		FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Anna Marie C Lacroix* **Anna Marie C Lacroix** Treasurer **4/23/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIANCO, MARGARET	1.2 NAME	President Andrea Bonshate
STREET ADDRESS	5379 SW 40 AVE #202	1.3 STREET ADDRESS	5383 SW 40 Ave #201
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	FT LAUD FL 33314
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RABITO, JOSEPH	2.2 NAME	U.P. RABITO Joseph
STREET ADDRESS	5377 SW 40 AVE, STE 203	2.3 STREET ADDRESS	5377 SW 40 Ave #203
CITY-ST-ZIP	FT. LAUD FL	2.4 CITY-ST-ZIP	FT LAUD
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINCENT, NARDIELLO	3.2 NAME	Secretary KAREN PURRIER
STREET ADDRESS	5377 SW 40 AVE, STE 102	3.3 STREET ADDRESS	5381 SW 40 Ave #105
CITY-ST-ZIP	FT. LAUD FL	3.4 CITY-ST-ZIP	FT. LAUD
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSS, CYNTHIA	4.2 NAME	Wil Holbenia Weik.
STREET ADDRESS	5377 SW 40 AVE, STE 205	4.3 STREET ADDRESS	5377 SW 40 Ave #201
CITY-ST-ZIP	FT. LAUD FL	4.4 CITY-ST-ZIP	FT LAUD FL
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACROIX, ANNE MARIE	5.2 NAME	T.D. ANNE-MARIE LACROIX
STREET ADDRESS	5379 SW 40TH AVE #205	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIANCO, MIKE	6.2 NAME	Dimitris MARGOM
STREET ADDRESS	5379 SW 40 AVE, STE 202	6.3 STREET ADDRESS	5377 SW 40 Ave #202
CITY-ST-ZIP	FT. LAUD FL	6.4 CITY-ST-ZIP	FT LAUD

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Anna Marie C Lacroix* **Anna Marie C Lacroix** Treasurer **4/23/96** (954) 933-1081
Signature and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (12/95)