


FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 725756 (1)**

1. Corporation Name  
**BEL-AIRE INC**



Principal Place of Business <b>5381 SW 40 AVE FT. LAUDERDALE FL 33314</b>	Mailing Address <b>5381 SW 40 AVE FT. LAUDERDALE FL 33314-6548</b>
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3. Date Incorporated or Qualified <b>03/08/1973</b>	3a. Date of Last Report <b>04/26/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>65-0047041</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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**

**10. Name and Address of New Registered Agent**

**81 Name** **MARGARET Bianco**

**82 Street Address (P.O. Box Number is Not Acceptable)**  
**5379 SW 40 AVE #202**

**83**

**84 City** **FT-Laud** **FL** **85 Zip Code** **33314**

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 **Margaret E. Bianco** **Treasurer** DATE **4/17/97**

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BONSHOTT, ANDREA</b>		1.2 NAME <b>BONSHOFF ANDREA</b>	
STREET ADDRESS <b>538 25SW 40 AVE 201</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>FT. LAUDERDALE FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RABITO, JOSEPH</b>		2.2 NAME <b>CYNTHIA CROSS</b>	<b>33314</b>
STREET ADDRESS <b>5377 SW 40 AVE, STE 203</b>		2.3 STREET ADDRESS <b>5377 SW 40 AVE #205 Ft Laud.</b>	
CITY-ST-ZIP <b>FT. LAUD FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>Deannette NARDIELLO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PURRIER, KAREN</b>		3.2 NAME	
STREET ADDRESS <b>5351 SW 40 AVE #105</b>		3.3 STREET ADDRESS <b>5377 SW 40 Ave #102</b>	
CITY-ST-ZIP <b>FT. LAUD FL</b>		3.4 CITY-ST-ZIP <b>FT-LAUD FL 33314</b>	<b>Secretary</b>
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>FRANK Bient</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WEIK, WIL HELMENIA</b>		4.2 NAME	
STREET ADDRESS <b>5377 SW 40 AVE #201</b>		4.3 STREET ADDRESS <b>5373 SW 40 Ave #105</b>	
CITY-ST-ZIP <b>FT. LAUD FL</b>		4.4 CITY-ST-ZIP <b>FT-LAUD FL 33314</b>	<b>Director</b>
TITLE <b>TO</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>MARGARET BIANCO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LACROIX, ANNE MARIE</b>		5.2 NAME	
STREET ADDRESS <b>5379 SW 40TH AVE #205</b>		5.3 STREET ADDRESS <b>5379 SW 40 Ave #202</b>	
CITY-ST-ZIP <b>FT. LAUDERDALE FL</b>		5.4 CITY-ST-ZIP <b>FT-LAUD FL 33314</b>	<b>Treasurer</b>
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MAKAM, DIMITRI MARGAN</b>		6.2 NAME	
STREET ADDRESS <b>5377 SW 40 AVE #202</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>FT. LAUD FL</b>		6.4 CITY-ST-ZIP	

14. 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 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: **[Signature]** **4-17-97** **954-831-6962**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0036239

CR2E037 (9/96)