FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8:17

DOCUMENT # K98752 (4)

1. Corporation Name
BELGRAVIA INTERNATIONAL HOLDINGS, INC.

Principal Place of Business
1271 N. RIO VISTA BLVD.
FT LAUDERDALE FL 33316
US

Mailing Address
1271 N. RIO VISTA BLVD.
FT. LAUDERDALE FL 33316
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/26/1989
3a. Date of Last Report: 07/11/1994
4. FEI Number: 65-0128642 ☐ Applied For ☐ Not Applicable
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 has liability for intangible tax under S. 199.032 Florida Statutes ☒ yes ☐ no

2. Principal Place of Business
21 c/o Timothy C. Leixner
Suite, Apt #, etc
22 100 N.E. 3 Ave., #1100
City & State
23 Fort Lauderdale, FL
Zip 24 33301 Country 25 USA

2a. Mailing Address
26 c/o Timothy C. Leixner
Suite, Apt #, etc
27 100 N.E. 3 Ave., #1100
City & State
28 Fort Lauderdale, FL
Zip 29 33301 Country 30 USA

9. Name and Address of Current Registered Agent
CLAPS, LOUIS JOHN, CPA
1301 NW 127TH DR
SUNRISE FL 33323

10. Name and Address of New Registered Agent
61 Name: Timothy C. Leixner
62 Street Address (P.O. Box Number is Not Acceptable): 100 NE 3 Avenue, Suite 1100
63
64 City: Fort Lauderdale FL 65 Zip Code 33301

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, 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 607.0505, Florida Statutes.

SIGNATURE [signature] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1 1 TITLE	and Treasurer ☒ Change ☐ Addition
NAME	BYFIELD, BONNY	1 2 NAME	
STREET ADDRESS	~~1271 N RIO VISTA BLVD~~	1 3 STREET ADDRESS	c/o Timothy C Leixner 33301
CITY, ST, ZIP	~~FORT LAUDERDALE FL~~	1 4 CITY, ST, ZIP	100 NE 3 Ave, [illegible]
TITLE	~~D~~	2 1 TITLE	☐ Change ☐ Addition
NAME	~~BYFIELD, PETER PHILLIP~~	2 2 NAME	
STREET ADDRESS	~~1271 N RIO VISTA BLVD~~	2 3 STREET ADDRESS	
CITY, ST, ZIP	~~FT LAUDERDALE FL~~	2 4 CITY, ST, ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY, ST, ZIP		3 4 CITY, ST, ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY, ST, ZIP		4 4 CITY, ST, ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY, ST, ZIP		5 4 CITY, ST, ZIP	
TITLE		6 1 TITLE	☐ Change ☐ 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)(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: x Bonny Byfield Feb 6 '95 (305) 373 0180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #
BONNY BYFIELD, President

CR