FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

APPROVED AND FILED
1997 AUG 11 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K98752

1. Corporation Name

BELGRAVIA INTERNATIONAL HOLDINGS, INC.

Principal Place of Business	Mailing Address
c/o Timothy C. Leixner One East Broward Boulevard Suite 1300 Fort Lauderdale, FL 33301	c/o Timothy C. Leixner One East Broward Boulevard Suite 1300 Fort Lauderdale, FL 33301

3. Date Incorporated or Qualified: 6/26/89
3a. Date of Last Report: 2/26/96

2. Principal Place of Business: 21 Same as Above
2a. Mailing Address: 26 Same As Above
22 Suite, Apt #, etc — 27 Suite, Apt #, etc
23 City & State — 28 City & State
24 Zip — 25 Country — 29 Zip — 30 Country

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 Xx Yes ☐ No

9. Name and Address of Current Registered Agent

Timothy C. Leixner
100 Northeast 3 Avenue, Suite 1100
Fort Lauderdale, FL 33301

10. Name and Address of New Registered Agent

81 Name: Intrastate Registered Agent Corporation
82 Street Address (P.O. Box Number is Not Acceptable): 701 Brickell Avenue, Suite 3000
83
84 City: Miami FL 85 Zip Code: 33131

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

INTRASTATE REGISTERED AGENT CORPORATION

SIGNATURE By: [signature] Vice President

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

12. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ DELETE
NAME	Bonny Byfield	
STREET ADDRESS	Post Office Box 6328 SS N/A	
CITY-ST-ZIP	Nassau, Bahamas	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME	300002264703---3	
1.3 STREET ADDRESS	-08/12/97--01062--012	
1.4 CITY-ST-ZIP	****550.00 ****550.00	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	TC 8/11/97	

CR2E034 (9/96)

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

SIGNATURE: Bonny Byfield July 3rd 97 809/393-0180