

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P39481** (7)

1. Corporation Name

BELLOC HOLDINGS LIMITED, INC.



Principal Place of Business

16129 RIO FLORIDA DR
HINCKS ST., MUSSON BLDG
WHITTIER CA 90603
US

Mailing Address

C/O SILVERMAN & VICENS
1550 MADRUGA AVE. SUITE 406
CORAL GABLES FL 33146
US

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

VICENS, ROLANDO
1550 MADRUGA AVENUE SUITE 406
CORAL GABLES FL 33146

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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, 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 607.0905, Florida Statutes.

SIGNATURE

Signature of the Corporation or Registered Agent (see instructions)

Signature of Registered Agent (see instructions)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D CARMICHAEL, TREVOR A. STAPLE GROVE HOUSE BARBADOS		1.2 NAME		
CITY, ST, ZIP			1.3 STREET ADDRESS		
TITLE	PS LOCK, YOLANDA	<input type="checkbox"/> DELETE	1.4 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	16129 RIO FLORIDA DR.		2.1 TITLE		
CITY, ST, ZIP	WHITTIER CA		2.2 NAME		
TITLE	VP ZAMBRANO, JOSE LUIS	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS		
STREET ADDRESS	16129 RIO FLORIDA DR.		2.4 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	WHITTIER CA		3.1 TITLE		
TITLE		<input type="checkbox"/> DELETE	3.2 NAME		
NAME			3.3 STREET ADDRESS		
STREET ADDRESS			3.4 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP			4.1 TITLE		
TITLE		<input type="checkbox"/> DELETE	4.2 NAME		
NAME			4.3 STREET ADDRESS		
STREET ADDRESS			4.4 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP			5.1 TITLE		
TITLE		<input type="checkbox"/> DELETE	5.2 NAME		
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP			6.1 TITLE		
TITLE		<input type="checkbox"/> DELETE	6.2 NAME		
NAME			6.3 STREET ADDRESS		
STREET ADDRESS			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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jose Luis Zambrano*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/96

CR2E034 (12/95)