

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000040582  
1. Corporation Name  
**FELL CORPORATION**

Principal Place of Business: 2330 N.E. 102 Ave. Miami, Florida 33172  
Mailing Address: 2330 N.E. 102 Ave. Miami, Florida 33172

3. Date Incorporated or Qualified: 5/31/94  
3a. Date of Last Report: 5/1/95  
4. FEI Number: 65-0501092  
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 (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent      10. Name and Address of New Registered Agent

**CARLOS A. CASTRO**  
1001 S. BAYSHORE DRIVE  
STE. 2410  
MIAMI, FLORIDA 33131

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

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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P/	<del>GUILLERMO BELLO BETANCOURT</del>	<input type="checkbox"/> DELETE
NAME		8216 S.W. 81st Terrace	
STREET ADDRESS		Miami, Florida	
CITY-ST-ZIP			
TITLE	P/D	<del>GUILLERMO BELLO VICENTINI</del>	<input type="checkbox"/> DELETE
NAME		8223 S.W. 82nd Place	
STREET ADDRESS		Miami, Florida	
CITY-ST-ZIP			
TITLE		S JUAN A. SOLER	<input type="checkbox"/> DELETE
NAME		6A Ave. Urb. Hetamirea Ivo 27	
STREET ADDRESS		Caracas, Venezuela	
CITY-ST-ZIP			
TITLE	T/D	<del>OSCAR GONZALEZ MIJARES</del>	<input type="checkbox"/> DELETE
NAME		Ave. La Salle, Urb. Sebucan	
STREET ADDRESS		Caracas, Venezuela	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P/D	GUILLERMO BELLO VICENTINI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		8223 S.W. 82nd Place	
3. STREET ADDRESS		Miami, Florida	
4. CITY-ST-ZIP			
2. TITLE	VP/D	GUILLERMO BELLO-BETANCOURT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		8216 S.W. 81st Terrace	
2.3 STREET ADDRESS		Miami, Florida	
2.4 CITY-ST-ZIP			
3.1 TITLE	S/D	OSCAR GONZALEZ MIJARES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		Ave. La Salle, Urb. Sebucan	
3.3 STREET ADDRESS		Caracas, Venezuela	
3.4 CITY-ST-ZIP			
4.1 TITLE	T/D	JUAN ANTONIO SOLER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		6A Ave. Ur. Hetamirea Ivo 27	
4.3 STREET ADDRESS		Caracas, Venezuela	
4.4 CITY-ST-ZIP			
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Guillermo Bello Vicentini**

4/23/96 (315) 372-2500

CR2E034 (12/95)