SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000075564 (1) DOCUMENT # Corporation Name BEL INCORPORATED

Principal Place of Business

3562 ESTEPONA AVE **MIAMI FL 33178**

Mailing Address

FILED Aug 06 1997 8:00am Secretary of State



3562 ESTEPONA AVE MIAMI FL 33178 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report <u>09/28/1995</u> 06/20/1996 2. Principal Place of Business Mailing Address FEI Number Applied For 6080 NW 84 QUE 26 ame 65-0618692 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Miami 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RAHMAN, AMIN 81 3562 ESTEPONA AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33178** 83 84 City 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** 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 (49J TITLE DELETE 1.1 TITLE Change Addition RAHMAN, AMIN NAME 1.2 NAME 3562 ESTEPONA AVE. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33178 CITY-ST-ZIP 1.4 City - St - ZIP DELETE TITLE Change 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELE1E TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE Change ☐ Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREE1 ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6 4 CITY-\$1-ZIP 14. Too 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.