SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 15 AM 8:19

DOCUMENT # **354840** **(1)**

1. Corporation Name

PERCAL-MINSKY INVESTMENT CORP.

Principal Place of Business	Mailing Address
C/O WALLACH AND CASSELHOFF 1741 N.W. 20TH STREET MIAMI FL 33142	C/O WALLACH AND CASSELHOFF 1741 N.W. 20TH STREET MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/04/1969**
3a. Date of Last Report: **06/01/1994**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): County (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): County (30)

4. FEI Number: **59-1276732** ☐ 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

9. Name and Address of Current Registered Agent

MINSKI, OSCAR
10175 COLLINS AVENUE
MIAMI BEACH FL 33154

10. Name and Address of New Registered Agent

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
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/OR DIRECTORS	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	PERCAL, HENRY	12 NAME	
STREET ADDRESS	1833 WEST 24TH STREET	13 STREET ADDRESS	
CITY ST ZIP	MIAMI BEACH FL	14 CITY ST ZIP	
TITLE	VS	21 TITLE	☐ Change ☐ Addition
NAME	MINSKI, OSCAR	22 NAME	
STREET ADDRESS	5660 COLLINS AVE. 9E	23 STREET ADDRESS	
CITY ST ZIP	MIAMI BEACH FL	24 CITY ST ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	MINSKI, OSCAR	32 NAME	
STREET ADDRESS	5660 COLLINS AVE. 9E	33 STREET ADDRESS	
CITY ST ZIP	MIAMI BEACH FL	34 CITY ST ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	PERCAL, SUSAN (ASST)	42 NAME	
STREET ADDRESS	1833 WEST 24TH STREET	43 STREET ADDRESS	
CITY ST ZIP	MIAMI BEACH FL	44 CITY ST ZIP	
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	MINSKI, BERTHA	52 NAME	
STREET ADDRESS	5660 COLLINS AVE. 9E	53 STREET ADDRESS	
CITY ST ZIP	MIAMI BEACH FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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: _____ 06/12/95 305 305 9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0046878 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/2/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **356987** **(8)**

1. Corporation Name
BELMONTE, INC.

Principal Place of Business	Mailing Address
2331 APALACHEE PARKWAY TALLAHASSEE FL 32301	2331 APALACHEE PARKWAY TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/15/1969	01/31/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

4. FEI Number **59-1295458** ☐ 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 files solely for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRYSON, WALTER J. III
1022 MCLENDON DR.
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

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
Signature, Type or Print 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	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	BRYSON, WALTER J. III	12 NAME	
STREET ADDRESS	1022 MCLENDON DR.	13 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL	14 CITY ST ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	BRYSON, WALTER J. IV	22 NAME	
STREET ADDRESS	4236 LOUVENIA RD.	23 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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: WALTER J BRYSON III 6-12-95 (904) 877-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001700 CF