PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 579163 1. Corporation Name

BELLE GOLD CORPORATION

Principal Place of Business

Mailing Address

O7 S INDIAN BIVER DRIVE

8407 S INDIAN RIVER DRIVE

May 10, 1999 8:00 am Secretary of State

05-10-1999 90247 019 ***150.00



FT. PIERCE FL	34982		FT. PIERCE FL 34982			DO NOT WRITE IN T	HIS SPACE	
						3. Date Incorporated or Qualifed		
						·		
			Nation and			07/14/1978 4. FEI Number		pplied For
— ·	Place of Business	<u>⊢</u>	2a. Mailing Address					ot Applicable
21		26 Suito As				59-1961102		
Suite, Ap	it. #, etc.	27 Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired		
City & State City & State			tate			6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	_	Country		8. This corporation owes the current year		
24	25	29		30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Age	ent			10. Name and Address of New Registe	red Agent	
	P			81	Name			
GOLDFARB, ROSELLA				82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
8407 S. INDIAN RIVER DRIVE				"				
FT.	PIERCE FL 34982			83				
				84	City		85 Zip	Code
						•	FL "	
l ∧ffice ∧i	nt to the provisions of Sections 607.05 r registered agent, or both, in the State am familiar with, and accept the oblig	of Florida, Such (rnange was aui	inorizea ov	the comorat	poration submits this statement for the purposion's board of directors. I hereby accept the a	e of changing it ppointment as r	s registered registered
SIGNATURI	E					ed when reinstating) DAT		
	Signature, typed or printed name of registered ag		(NOTE: F		nt signature requir	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
12.	OFFICERS A	ND DIRECTORS	DELETE	13.	—	ADDITIONS/CHANGES TO OFFICERS	☐ Change	
TITLE	P BOOKERS BOOKERS	1	ריו הברב 1	1.1 TITLE]		_) <i></i>	. 1., , , , , , , , , , , , , , , , , ,
NAME	GOLDFARB, ROSELLA			1.2 NAME				
STREET ADDRES					ADDRESS			
CITY-ST-ZIP	FT. PIERCE FL		=1 p=1===	1.4 CITY-S	T-ZIP		Change	Addition
TITLE	\ v	· ·	DELETE	2.1 TITLE	-		change	
NAME	GOLDFARB, PAUL J			2.2 NAME	1			
STREET ADDRES	ss 8407 S. INDIAN RIVER DR.			2.3 STREE	FADDRESS			
CITY-ST-ZIP	FT. PIERCE FL			2.4 CITY-	T-ZIP			
TITLE			DELETE	3.1 TITLE			☐ Change	Addition
NAME				3.2 NAME	}			
STREET ADDRES	ss			3.3 STREE	T ADORESS			
CITY-ST-ZIP				34. CITY-5	T-ZIP			
TITLE			DELETE	4.1 TITLE			Change	Addition
NAME				4. 2 NAME				
STREET ADDRES	ss			4 3 STREE	T ADDRESS			
CITY-ST-ZIP				4.4 CITY-S	T-ZIP			
TITLE			DELETE	5.1 TITLE			☐ Change	Addition
NAME				5.2 NAME				
STREET ADDRES	eel			5.3 STREE	TADDRESS			
	55			5.4 CITY-S				
CITY-ST-ZIP			DELETE	6.1 TITLE			☐ Change	Addition
TITLE	}	,	_ 0	6.2 NAME	}			
NAME	}				TANNDERE			
STREET ADDRES	ss				TADDRESS			
	1			64 CITY-S	T-7IP			

14. I 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 of or an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)