

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**APPROVED
AND
FILED**

97 MAY -1 PM 12:14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Cecilia S. Northington
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 614274
1. Corporation Name

BELLAMAR, INC.



Principal Place of Business: c/o Peninsula Registered Agents, Inc. (#4874)
200 S. Biscayne Blvd. Miami, FL 33131

Mailing Address: c/o Peninsula Registered Agents, Inc. (#4874)
200 S. Biscayne Blvd. Miami, FL 33131

3. Date Incorporated or Created: 3/28/79
4. State of Last Report: 1/18/96
5. FEI Number: 59-2773453
6. Certificate of Status Desired: **\$8.75 Additional Fee Required**
7. Election Campaign Financing Trust Fund Contribution: **\$8.00 May Be Added to Fees**
8. This corporation has liability for filing fees under s. 192.132, Florida Statutes: Yes No

21. Principal Place of Business: State: FL, City & State: Miami, FL, Zip: 33131, County: Dade
22. Mailing Address: State: FL, City & State: Miami, FL, Zip: 33131, County: Dade

9. Name and Address of Current Registered Agent: Peninsula Registered Agents, Inc. 200 S. Biscayne Boulevard (#4874) Miami, FL 33131

10. Name and Address of New Registered Agent: 01 Name: 02 Street Address (P.O. Box Number is Not Acceptable): 03 City: FL 04 Zip Code

11. Pursuant to the provisions of Sections 607.0802 and 607.1505, 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 607.1505, Florida Statutes.

SIGNATURE: _____

OFFICERS AND DIRECTORS		ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE: D/P	02 NAME: Lega, Mario	01 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	
03 STREET ADDRESS: 200 S. Biscayne Blvd. #4874	04 CITY-STATE-ZIP: Miami, FL 33131	01 NAME: _____	02 STREET ADDRESS: _____
05 CITY-STATE-ZIP: Miami, FL 33131		03 CITY-STATE-ZIP: _____	
01 TITLE: D/S	02 NAME: Lega, Dennise	01 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	
03 STREET ADDRESS: 200 S. Biscayne Blvd. #4874	04 CITY-STATE-ZIP: Miami, FL 33131	01 NAME: _____	02 STREET ADDRESS: _____
05 CITY-STATE-ZIP: Miami, FL 33131		03 CITY-STATE-ZIP: _____	
01 TITLE: _____	02 NAME: _____	01 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	
03 STREET ADDRESS: _____	04 CITY-STATE-ZIP: _____	01 NAME: _____	02 STREET ADDRESS: _____
05 CITY-STATE-ZIP: _____		03 CITY-STATE-ZIP: _____	
01 TITLE: _____	02 NAME: _____	01 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	
03 STREET ADDRESS: _____	04 CITY-STATE-ZIP: _____	01 NAME: _____	02 STREET ADDRESS: _____
05 CITY-STATE-ZIP: _____		03 CITY-STATE-ZIP: _____	

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****165.00 ****165.00

12. I do 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report, as required by Chapter 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mario Lega*
Mario Lega, President
DATE: 5/4/97