

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0006531

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 SEP 30 PM 4:03

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # 614274 (9)

1. Corporation Name

BELLAMAR, INC.

Principal Place of Business

Mailing Address

% PENINSULA REGISTERED AGENTS, INC. (#4874)
 200 S. BISCAYNE BLVD.
 MIAMI FL 33131

% PENINSULA REGISTERED AGENTS, INC. (#4874)
 200 S. BISCAYNE BLVD.
 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/28/1979

4. FEI Number

59-2773453

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

Yes

No

2. Principal Place of Business

2a. Mailing Address

21 c/o American Information Services, Inc.

26 c/o American Information Services, Inc.

22 One S.E. 3rd Ave., 28th FL

27 One S.E. 3rd Ave., 28th FL

23 Miami, FL

28 Miami, FL

24 Zip 33131

25 Country U.S.A.

29 Zip 33131

30 Country U.S.A.

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

81 Name AMERICAN INFORMATION SERVICES, INC.
 82 Street Address (P.O. Box Number is Not Acceptable) One S.E. 3rd Avenue,
 83 28th Floor
 84 City Miami FL 85 Zip Code 33131

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 *Angelica M. Calabrese* AMERICAN INFORMATION SERVICES, INC. *9/29/98*
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	LEGA, MARIO	200 S. BISCAYNE BLVD., #4874	MIAMI FL 33131	<input type="checkbox"/>
DS	LEGA, DENNISE	200 S. BISCAYNE BLVD., #4874	MIAMI FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		One S.E. 3rd Avenue, 28th Floor	Miami, FL 33131	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
		One S.E. 3rd Avenue, 28th Floor	Miami, FL 33131	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
		500002653575--2	-10/01/98--01061--017	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
		***550.00	***550.00	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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. 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:

Mario Lega Mario Lega, President

09/25/98 (571) 635 6002

CR2E034 (5/98)