ASECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 8/17/97: \$556 (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

DOCUMENT # 857048

(3)

BELTMA	NN NORTH AMERICAN C	OMPANY, INC.			BABILANNI BIBILBIBA BABILBIBA BABI
Principal Place of Business Mailing Address 2480 LONG LAKE RD ROSEVILLE MN 55113 US Mailing Address 2480 LONG LAKE RD ROSEVILLE MN 55113 US				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 07/11/1983	3a. Date of Last Report 06/27/1996
 ,	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
21	# ata	26 Cuite Ant # ata		41-0832630	Not Applicable
Suite, Apt.	₩, ΘIC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	8	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	···	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa	
24	9. Name and Address of Curre	29 Anni Registered Agent	30	Personal Property Tax due June 10. Name and Address of New Re	
MOS	SS, MARVIN I., P.A.	THE TIPS OF THE TI	81 Name	10, 114110 4114 7140 000 01 11011 710	giotoitu rigoin
	KANE CONCOURSE		82 Street Add	dress (P.O. Box Number is Not Acceptab	اماد)
	TE 202			areas (F.O. DOX Normber 15 Not Acceptac	
BAY	HARBOR ISLANDS FL 33154		83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the above-named cor	poration submits this statement for the p	
office or n	egistered agent, or both, in the State m familiar with, and accept the obtion	le of Florida. Such change was gations of, Section 607.0505, F	authorized by the corporatorida Statutes.	poration submits this statement for the pation's board of directors. I hereby accept	of the appointment as registered
SIGNATURE					
	Signature, typod or printed name of registered a		TE: Registered Agent signature requ		DATE
12. TITLE	OFFICERS A	ND DIRECTORS DELETE	13. 1.1 TOLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	BATTINA, GEORGE	Em occur	1.2 NAME		□ outling □ outling
STREET ADDRESS	12500 58TH AVE.NORTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		1.4 CITY - ST - ZIP		
TITLE	VSD	DELETÉ	2.1 TITLE		☐ Change ☐ Addition
NAME	PAUL ZAGARIA		2.2 NAME		
STREET ADDRESS	3400 SPRING ST NE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		2. 4 CITY-S1-ZIP		
TITLE	DATTINA DADDADA	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Battina, Barbara 12500 58th Ave. North		3.2 NAME		
Street Address	MINNEAPOLIS MN		3.3 STREET ADDRESS		
CITY-ST-ZIP	P COS MIT	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
TITLE	BATTINA, DANN	[] beceive			Change C Addition
NAME OTDEET ADDRESS	3400 SPRING ST NE		4. 2 NAME		
STREET ADDRESS	MINNEAPOLIS MN		4.3 STREET ADDRESS		i
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	·		6.4 CITY-ST-7IP		

14. 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; 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 all achieves.

FILED

Aug 04 1997 8:00am

Secretary of State