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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F54605** 1. Corporation Name

BELESE INVESTMENTS, INC.

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90026 039 ***150.00



Principal Place of Business Mailing Address		
· · · · · · ·	11818 11818 11818 11811	
ONE S.E. THIRD AVE. ONE S.E. THIRD AVE.		
SUITE 1400 SUITE 1400 MANUEL 20121 DO NOT WRITE IN T	THIS SPACE	
MIAMI FL 33131 MIAMI FL 33131 DO NOT WRITE IN 1 3, Date Incorporated or Qualifed	THIS SPACE	
12/04/1981		
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Apr	plied For
21 26 59-2187653	Not	t Applicable
Suite Apt # etc	\$8.75 A	dditional
5. Certificate of Status Desired \(\begin{array}{c} 27 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Fee Red	quired
City & State - 6. Election Campaign Financing	\$5.00 ·	May Be - ~
28 Trust Fund Contribution	Added to	o Fees
Zip Country Zip Country 8. This corporation owes the current year		V
	Yes	X No
9. Name and Address of Current Registered Agent 10. Name and Address of New Register	ered Agent	
COPROLITE CORPORATION 81 Name		
1 971 Street Address (D.) Roy Number is Not Acceptable)		
ONE SE THIRD AVE., STE. 1400		
MIAMI FL 33131		
84 City	85 Zip C	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpos	FL ~	•
agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DAT OPENDED O		DC IN 43
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 OFFICER:	S AND DIRECTO	
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CITY-ST-ZIP 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 impowered 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 appear with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS