

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G48803** (2)

1. Corporation Name

BELL PARTNERS, INC.



Principal Place of Business

Mailing Address

**8701 SW 137TH AVE
300
MIAMI FL 33183
US**

**8701 SW 137TH AVE
SUITE 300
MIAMI FL 33183
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/12/1983

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2325611

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐ No

10. Name and Address of New Registered Agent

**MUDD, JOHN
8701 SW 137TH AVE
300
MIAMI FL 33183**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

Signature of person filing this report as agent for the corporation

Signature of New Registered Agent (signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	HANTMAN, ARNOLD	
STREET ADDRESS	8701 SW 137TH AVE SUITE 300	
CITY-ST-ZIP	MIAMI FL	
TITLE	TAS	☐ DELETE
NAME	WIENER, A.B.	
STREET ADDRESS	8701 SW 137TH AVE SUITE 300	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	☐ DELETE
NAME	MUDD, JOHN	
STREET ADDRESS	8701 SW 137TH AVE SUITE 300	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	☒ Change ☐ Addition
6. NAME	S/T/D
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	☒ Change ☐ Addition
10. NAME	VP/D
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	☐ Change ☒ Addition
14. NAME	P/D
15. STREET ADDRESS	Paul Schaefer
16. CITY-ST-ZIP	8701 S.W. 137th Ave., #300
17. TITLE	☐ Change ☒ Addition
18. NAME	AS
19. STREET ADDRESS	Elda Miranda
20. CITY-ST-ZIP	8701 S.W. 137th Ave., #300
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
25. TITLE	☐ Change ☐ Addition
26. NAME	
27. STREET ADDRESS	
28. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 any attachment with an address.

SIGNATURE:

John Mudd

3/28/96

(305) 383-7400

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone

CR2E034 (12/95)