

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G48803** (2)

1. Corporation Name
BELL PARTNERS, INC.

Principal Place of Business 8701 SW 137TH AVE 300 MIAMI FL 33183 US	Mailing Address 8701 SW 137TH AVE SUITE 300 MIAMI FL 33183-4498 US
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2. Principal Place of Business 21 11880 Bird Road Suite, Apt. #, etc. 22 #201 City & State 23 Miami, FL Zip 24 33175 Country 25 USA		2a. Mailing Address 26 11880 Bird Road Suite, Apt. #, etc. 27 #201 City & State 28 Miami, FL Zip 29 33175 Country 30 USA		3. Date Incorporated or Qualified 07/12/1983	3a. Date of Last Report 05/01/1996
		4. FEI Number 59-2325611		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MUDD, JOHN 8701 SW 137TH AVE 300 MIAMI FL 33183		10. Name and Address of New Registered Agent 81 Name John Mudd 82 Street Address (P.O. Box Number is Not Acceptable) 11880 Bird Road 83 #201 84 City Miami 85 Zip Code FL 33175	
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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, for 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 **John Mudd** (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HANTMAN, ARNOLD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8701 SW 137TH AVE SUITE 300	1.2 NAME	
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TAS WIENER, A.B. <input type="checkbox"/> DELETE	2.1 TITLE	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8701 SW 137TH AVE SUITE 300	2.2 NAME	
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	11880 Bird Road, #201
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL 33175
TITLE	SD MUDD, JOHN <input type="checkbox"/> DELETE	3.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8701 SW 137TH AVE SUITE 300	3.2 NAME	
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	11880 Bird Road, #201
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33175
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Schaefer, Paul
STREET ADDRESS		4.3 STREET ADDRESS	11880 Bird Road, #201
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, FL 33175
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Miranda, Elda
STREET ADDRESS		5.3 STREET ADDRESS	11880 Bird Road, #201
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, FL 33175
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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. (Attach an attachment with an address.

SIGNATURE: **John Mudd** 305-229-3949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)