

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

FILED  
Feb 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L27354** (4)  
1. Corporation Name  
**BELCO CONSTRUCTION CORP.**



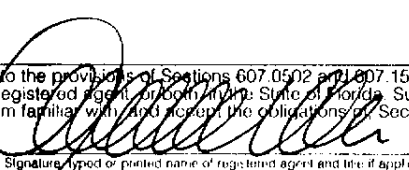
Principal Place of Business <b>% LEOPOLDO BELLON 11020 N. KENDALL DR. SUITE 200 MIAMI FL 33176</b>	Mailing Address <b>% LEOPOLDO BELLON 11020 N. KENDALL DR. SUITE 200 MIAMI FL 33176</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>13200 SW 128 Street</b>		2a. Mailing Address <b>13200 SW 128 Street</b>		3. Date Incorporated or Qualified <b>11/01/1989</b>	
Suite, Apt. #, etc. <b>Bldg. G</b>		Suite, Apt. #, etc. <b>Bldg. G</b>		4. FEI Number <b>65-0240607</b>	
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33186</b>		Zip <b>33186</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BELLON, LEOPOLDO 11020 N. KENDALL DR. SUITE 200 MIAMI FL 33176</b>				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>13200 SW 128 Street</b>			
				83 Bldg. G			
				84 City <b>Miami</b>			
				85 Zip Code <b>FL 33186</b>			

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  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSD	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BELLON, LEOPOLDO			1.2 NAME			
STREET ADDRESS	11020 N KENDAL DR, #200			1.3 STREET ADDRESS	13200 SW 128 Street Bldg. G		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	Miami, FL 33186		
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BELLON, ERIK			2.2 NAME			
STREET ADDRESS	11020 N KENDALL DR, #200			2.3 STREET ADDRESS	13200 SW 128 Street Bldg. G		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	Miami, FL 33186		
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BELLON ANTONIO			3.2 NAME			
STREET ADDRESS	11020 N KENDALL DR, #200			3.3 STREET ADDRESS	13200 SW 128 Street Bldg. G		
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP	Miami, FL 33186		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
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 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; that I am duly 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  Leopoldo Bellon President 02/06/98 (305)256-2828

CR2E034 (10/97)