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 # 1. Corporation Name M50195

BELLFLOWER INVESTMENT COMPANY

MIAMI FL 3313	A. GUERRA ST SUITE 210 5	Mailing Address C/O MARCOS A. GUERRA 3663 SW 8TH ST SUITE 210 MIAMI FL 33135 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/13/1987 4. FEI Number 65-0022482 5. Certifcate of Status Desired 6. Election Campaign Financing \$5.00 May Be	nle
23 - Zip	Country		ountry	<u> </u>	Trust Fund Contribution Added to Fees	
24	25	29 30	Outility		8. This corporation owes the current year Intangible Personal Property Tax.	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	ᅱ
3660 SUN	TRRA. MARCOS A. 3 SW 8TH ST. TE 210 MI FL 33135		81 82 83		Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code	_
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	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Registe	red Agen	t signature rec	quired when reinstating) DATE	ł
12.	OFFICERS AND				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\neg
MILE	DP	☐ DELETE 1.1	TITLE	1	☐ Change ☐ Additi	ion
NAME	FARAJ, FELIPE J.	1.5	NAME	İ		
STREET ADDRESS;	1925 SW 123RD RD CT	1.3	STREET	ADDRESS	•	
CITY-ST-ZIP	MIAMI FL 33715	1.4	CITY-ST	r-ZIP	,	- 1
TITLE	DV		TITLE		☐ Change ☐ Additi	ion
NAME	FARAJ, SOAD R.	22	NAME		•	Ī
STREET ADDRESS	1925 SW 123RD RD CT	2.3	STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175	2.	CITY-S	T-ZIP		
TITLE	DST		TITLE		☐ Change ☐ Additi	ion
NAME	FARAJ, JESUS ALFONSO	3.2	NAME	i		- }
STREET ADDRESS	1925 SW 123RD RD CT	3.2	STREET	ADDRESS	•	1
CITY-ST-ZIP	MIAMI FL 33175	3.4	. CITY-S	T-ZIP	• •	- {
TITLE		☐ DELETE 4.1	TITLE		☐ Change ☐ Additi	ion
NAME		4.1	NAME			- 1
STREET ADDRESS		4.3	STREET	ADDRESS		
CITY-ST-ZIP		4.4	CITY-ST	ZIP	•	`
TITLE			TITLE		Change Additi	ion
NAME		5.2	NAME			1
STREET ADDRESS		5.3	STREET	ADDRESS		
CITY-ST-ZIP		5.4	CITY-ST	-ZIP		-
TITLE		DELETE 6.1	TITLE		☐ Change ☐ Additi	on
NAME		6.2	NAME		· –	1
STREET ADDRESS		6.3	STREET	ADDRESS	·	- [

14. I hereby certify that the information supplied with his 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 or an additionment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90113 026 ***150.00

Daytime Phone #