

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY 1 1996

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N36428 (3)**
1. Corporation Name
BELMONT TRAINING AND EMPLOYMENT CENTER INC.

Principal Place of Business Mailing Address
17800 N W 27TH AVENUE MIAMI FL 33056

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/29/1990	3a. Date of Last Report 08/05/1994
4. FEI Number 65-0277752	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. State 24. Country	2a. Mailing Address 25. Suite, Apt. #, etc. 26. City & State 27. State 28. Country
---	--

9. Name and Address of Current Registered Agent
**ALEXIS, KELVIN
861 N W 207TH ST.
MIAMI FL 33169**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. FL 86. 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 of Registered Agent or Registered Agent and the Approver)

(Signature of Registered Agent or Registered Agent and the Approver)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D ALEXIS, PATRICA D. 861 N W 207TH ST MIAMI FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D ALEXIS, KELVIN 861 N W 207TH ST MIAMI FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D ELIGON, ANN 300 NW 177 ST., #256 MIAMI FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D GHANY, CYNTHIA 9630 E ELM LANE MIRAMAR FL	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D PABON, EDDIE 105 LAKE EMERAL DRIVE OAKLAND PARK FL	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D NICHOLAS, EARLYN 14425 NE 6TH AVE., #201 NORTH MIAMI FL	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP	☐ Change ☐ Addition

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 119.01(2)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing or in an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95 628-4637