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FILED
May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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



Principal Place of Business Mailing Address
17800 N W 27TH AVENUE 17800 N W 27TH AVENUE
MIAMI FL 33056 MIAMI FL 33056-3503

3. Date Incorporated or Qualified 01/29/1990 3a. Date of Last Report 07/08/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0277752		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ALEXIS, KELVIN
881 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	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALEXIS, PATRICA D. PRESIDENT	1.2 NAME	
STREET ADDRESS	881 N W 207TH ST	1.3 STREET ADDRESS	ANGELA SMITH
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	17800 N W 27TH AVE DIRECTOR
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXIS, KELVIN VICE PRESIDENT	2.2 NAME	
STREET ADDRESS	881 N W 207TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMA, JAMES DIRECTOR	3.2 NAME	
STREET ADDRESS	3390 FOXCROFT RD BLDG C APT 201	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GHANY, CYNTHIA TREASURER	4.2 NAME	
STREET ADDRESS	9830 E ELM LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, CARLOS ANGELA SMITH	5.2 NAME	
STREET ADDRESS	7800 SW 131ST 17800 N W 27TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL MIAMI FL 33056	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, AUBYN DIRECTOR	6.2 NAME	
STREET ADDRESS	8800 SW 83 AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE _____ 4-2-97 305/683888

CR2E037 (9/96)