

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90095 007 ****61.25

0034463

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000005743

1. Corporation Name
BELINDA GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
 7913 NW 2ND ST.
 MIAMI FL 33126

Mailing Address
 2160 SW 137 PL
 MIAMI FL 33165
 US



| | | | | | |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 10/10/1997 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 65-0827222 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | |
| 23 | | 28 | | \$8.75 Additional Fee Required | |
| Zip | | Zip | | 6. Election Campaign Financing <input type="checkbox"/> | |
| 24 | | 29 | | \$5.00 May Be Added to Fees | |
| Country | | Country | | 30 | |

| | | | | | | | |
|--|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| ZARETSKY, LOUIS D 555 NE 15TH ST., STE. 100 MIAMI FL 33132 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|--|
| TITLE | DP <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MERUELO, HOMERO F | 1.2 NAME | ENRIQUE RABELLINO |
| STREET ADDRESS | 7913 NW 2ND ST. | 1.3 STREET ADDRESS | 8045 NW 7 ST UNIT 411 |
| CITY-ST-ZIP | MIAMI FL 33126 | 1.4 CITY-ST-ZIP | MIAMI, FL. 33126 |
| TITLE | DV <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MERUELO, BELINDA | 2.2 NAME | MARLENE MENDOZA |
| STREET ADDRESS | 7913 NW 2ND ST. | 2.3 STREET ADDRESS | 8045 NW 7 ST UNIT 208 |
| CITY-ST-ZIP | MIAMI FL 33126 | 2.4 CITY-ST-ZIP | MIAMI, FL. 33126 |
| TITLE | DST <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MERUELO, HOMERO | 3.2 NAME | ANGEL PEREZ |
| STREET ADDRESS | 7913 NW 2ND ST. | 3.3 STREET ADDRESS | 8045 NW 7 ST UNIT 101 |
| CITY-ST-ZIP | MIAMI FL 33126 | 3.4 CITY-ST-ZIP | MIAMI, FL. 33126 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | PATRICIA GONZALEZ |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 8050 NW 8 ST UNIT 411 |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | MIAMI, FL. 33126 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | INDRA KRISHANARA |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 8050 NW 8 ST UNIT 401 |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | MIAMI, FL. 33126 |
| 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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____ Date: Mar 3-10-99 Daytime Phone # _____

CR2E037 (11/98)