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

NONPROFIT CORPORATION ANNUAL REPORT 2001

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

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90277 011 ***150.00

768440

DOCUMENT # P00000046056

1. Corporation Name
BEL-AIR A.L.F. INC

Principal Place of Business: 18615 TIFFANY DR
Mailing Address: MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business
21 18615 TIFFANY DR.
State, Apt. #, etc.
22
City & State
23 MIAMI FL
Zip
24 33157
Country
25 MIAMI-DADE

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number 65-0607579 — 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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
JOSEPHINE SARK
18615 TIFFANY DR.
MIAMI FL 33157

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 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) (ROLE - Registered Agent - Title if applicable - required when non-individual) DATE

12. OFFICERS AND DIRECTORS

01 TITLE	☐ DELETE
02 NAME	
03 STREET ADDRESS	
04 CITY, ST, ZIP	
05 TITLE	☐ DELETE
06 NAME	
07 STREET ADDRESS	
08 CITY, ST, ZIP	
09 TITLE	☐ DELETE
10 NAME	
11 STREET ADDRESS	
12 CITY, ST, ZIP	
13 TITLE	☐ DELETE
14 NAME	
15 STREET ADDRESS	
16 CITY, ST, ZIP	
17 TITLE	☐ DELETE
18 NAME	
19 STREET ADDRESS	
20 CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Josefina Sark JOSEPHINE SARK 4/27/01 278-7314
(SIGNATURE MUST BE ON FILE WITH OFFICER OR DIRECTOR) NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number