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

FILED Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90012 040 ***150.00

DOCUMENT # P16989

BELTER PROPERTIES N.V.

<u></u> -	(5)	Mailin	ng Address			, interpretation of the second			
Principal Place			RWIN ROSEN						
L.B. SMITHPLEIN 3		950 TH	950 THIRD AVE., 23RD FL.			DO NOT WRITE IN THIS SPACE			
PO BOX 6 CURACAO		NEW '	NEW YORK NY 10022			3. Date Incorporated or Qualifed			
NA						12/01/1987			
141						4. FEI Number		Appl	ied For
2. Principal Pla	ce of Business	2a. M	lailing Address			65-0019578		Not	Applicable
21	,	26				 		\$8.75 Ac	iditional
Suite, Apt. #	. etc.	s	uite, Apt. #, etc.			5. Certificate of Status Desired		Fee Req	uired
22	-	27				6. Election Campaign Financing		\$5.00 N	May Be
City & State			City & State			Trust Fund Contribution		Added to	
23		28				8. This corporation owes the cur	rrent vear In	tangible	
Zip	Country	z	ip _	Country □	!	Porconal Property Tax.		∐ Yes _ l	□No
24	25	29	3	D]		10. Name and Address of New	Registered	Agent	
	9. Name and Address	ss of Current Registe	red Agent	81	Name	10. 110		_	
							t-bla)	<u> </u>	
CTC	CORPORATION SYST	EM		82	Street Add	ress (P.O. Box Number is Not Accep	itable)	A RIVER TO BUTTON	
	SOUTH PINE ISLAN	D ROAD		-		Supplied to the second	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 1 1 1 6 1 1	写真具
PLAN	ITATION FL 33324			83	1		から関すか	14/4/2011	7 1 4 4 1 5 8 1
				84	City	150 SIGN	i ⊑i	85 Zip C	ode
11. Pursuant office or r	to the provisions of Sect egistered agent, or both, m familial with and acce	, in the State of Florida ept the obligations of,	a. Such change was au Section 607:0505, Flori	horized by da Statute	y the corporati		•		·
11. Pursuant office or r agent. I a	m familial and acce	ept the obligations of,	Section 607:0505, Flori	Registered Age	·S.	- Control of the Cont	DATE	AND DIRECTO	RS IN 12
agent. I a	m familial and acce	ept the obligations of	application (NOTE: I	Registered Age	ent signature requir		DATE		RS IN 12
SIGNATURE	m familial and acce	ept the obligations of,	Section 607:0505, Flori	Registered Age 13. 1.1 TITLE	ent signature requir	- Control of the Cont	DATE	AND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or Brindy name AIF HABER, JAMES	ept the obligations of so registered agent and title if	application (NOTE: I	Registered Age 13. 1.1 TITLE 1.2 NAME	ent signature requir	- Control of the Cont	DATE	AND DIRECTO	RS IN 12
agent, I a SIGNATURE	Signature, typed opinted name AIF HABER, JAMES 950 THIRD AVE., 2:	ept the obligations of se of registered agent and title if DFFICERS AND DIRECTOR	application (NOTE: I	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STRE	ent signature requir	- Control of the Cont	DATE	AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or Brindy name AIF HABER, JAMES	ept the obligations of se of registered agent and title if DFFICERS AND DIRECTOR	application (NOTE: 1) OTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY	ent signature requir	- Control of the Cont	DATE	AND DIRECTO	ORS IN 12
signature 12.	Signature, typed opinted name AIF HABER, JAMES 950 THIRD AVE., 2:	ept the obligations of se of registered agent and title if DFFICERS AND DIRECTOR	application (NOTE: I	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE	ent signature requir	- Control of the Cont	DATE	AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed opinted name AIF HABER, JAMES 950 THIRD AVE., 2:	ept the obligations of se of registered agent and title if DFFICERS AND DIRECTOR	application (NOTE: 1) OTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAMI	ent signature requir	- Control of the Cont	DATE	AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typod or Brindy name AIF HABER, JAMES 950 THIRD AVE., 2: NEW YORK NY 106	ept the obligations of se of registered agent and title if DFFICERS AND DIRECTOR	application (NOTE: 1) OTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE	ent signature requir	- Control of the Cont	DATE	AND DIRECTO	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typod or Brindy name AIF HABER, JAMES 950 THIRD AVE., 2: NEW YORK NY 106	ept the obligations of se of registered agent and title if DFFICERS AND DIRECTOR	application (NOTE: CTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY	ent signature requir E EET ADDRESS ST-ZIP E EET ADDRESS Y-ST-ZIP	- Control of the Cont	DATE	AND DIRECTO	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typod or Brindy name AIF HABER, JAMES 950 THIRD AVE., 2: NEW YORK NY 106	ept the obligations of se of registered agent and title if DFFICERS AND DIRECTOR	application (NOTE: 1) OTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.1 TITLE 3.1 TITLE 4.1 CITY 4.1 CITY 5.1 TITLE 5.2 NAMI 6.3 STRE 6.4 CITY 6.4 CITY 6.5 TITLE 6.5 TITL	ent signature requir EET ADDRESS -ST-ZIP EET ADDRESS Y-ST-ZIP E	- Control of the Cont	DATE	AND DIRECTO Change	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typod or Brindy name AIF HABER, JAMES 950 THIRD AVE., 2: NEW YORK NY 106	ept the obligations of se of registered agent and title if DFFICERS AND DIRECTOR	application (NOTE: CTORS DELETE	Registered Agril 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLL 3.2 NAMI 3.2 NA	ent signature requir EET ADDRESS -ST-ZIP EET ADDRESS Y-ST-ZIP E	- Control of the Cont	DATE	AND DIRECTO Change	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed printed name AIF HABER, JAMES 950 THIRD AVE., 2' NEW YORK NY 100	ept the obligations of se of registered agent and title if DFFICERS AND DIRECTOR	application (NOTE: CTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLL 3.2 NAM 3.3 STRI 3.3 STRI 3.3 STRI 3.4 STRI 3.5 STRI	ent signature requir E EET ADDRESS -ST-ZIP EET ADDRESS -Y-ST-ZIP E EET ADDRESS -EET ADDRESS	- Control of the Cont	DATE	AND DIRECTO Change Change	PRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	Signature, typed printed name AIF HABER, JAMES 950 THIRD AVE., 2' NEW YORK NY 100	ept the obligations of se of registered agent and title if DFFICERS AND DIRECTOR	OTORS DELETE DELETE	7 Statute 7	ent signature requir E EET ADDRESS -ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS	- Control of the Cont	DATE	AND DIRECTO Change	PRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed printed name AIF HABER, JAMES 950 THIRD AVE., 2' NEW YORK NY 100	ept the obligations of se of registered agent and title if DFFICERS AND DIRECTOR	application (NOTE: CTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE	ent signature requir E EET ADDRESS ST-ZIP EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS	- Control of the Cont	DATE	AND DIRECTO Change Change	PRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed printed name AIF HABER, JAMES 950 THIRD AVE., 2' NEW YORK NY 100	ept the obligations of se of registered agent and title if DFFICERS AND DIRECTOR	OTORS DELETE DELETE	23 STATUTE 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITL 4.2 NAM 4.2 NAM 4.2 NAM 4.3 STRI 4.2 NAM 4.3 STRI 4.2 NAM 4.3 STRI 4.2 NAM 4.3 STRI 4.2 NAM	ent signature requir E EET ADDRESS -ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E	- Control of the Cont	DATE	AND DIRECTO Change Change	PRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed printed name AIF HABER, JAMES 950 THIRD AVE., 2' NEW YORK NY 100	ept the obligations of se of registered agent and title if DFFICERS AND DIRECTOR	OTORS DELETE DELETE	23 STRI 14 CITY- 21 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY- 3.1 TITLE 3.2 NAM 3.3 STRI 3.4 CIT 4.1 TITL 4.2 NAV 4.3 STRI 4.3 ST	ent signature requir E EET ADDRESS ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS ME EET ADDRESS ST-ZIP	- Control of the Cont	DATE	AND DIRECTO Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed printed name AIF HABER, JAMES 950 THIRD AVE., 2' NEW YORK NY 100	ept the obligations of se of registered agent and title if DFFICERS AND DIRECTOR	opplication (NOTE: 1 OPPLICATE DELETE DELETE DELETE	Registered Agr 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRI 3.4 CIT 4.1 TITL 4.2 NAV 4.3 STRI 4.4 CITY 4	ent signature requir E EET ADDRESS -ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP	- Control of the Cont	DATE	AND DIRECTO Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS	Signature, typed printed name AIF HABER, JAMES 950 THIRD AVE., 2' NEW YORK NY 100	ept the obligations of se of registered agent and title if DFFICERS AND DIRECTOR	OTORS DELETE DELETE	23 STRI 14 CITY- 21 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY- 3.1 TITLE 3.2 NAM 3.3 STRI 3.4 CIT 4.1 TITL 4.2 NAV 4.3 STRI 4.3 ST	ent signature requir E EET ADDRESS ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EXECT ADDRESS Y-ST-ZIP LE	- Control of the Cont	DATE	AND DIRECTO Change Change	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed printed name AIF HABER, JAMES 950 THIRD AVE., 2' NEW YORK NY 100	ept the obligations of se of registered agent and title if DFFICERS AND DIRECTOR	opplication (NOTE: 1 OPPLICATE DELETE DELETE DELETE	2 NAME 2 NAME 2 NAME 2 NAME 2 NAME 2 NAME 2 A CITY 3 TITLE 3 NAM 3 STRE 4 CITY 4 TITLE 4 CITY 5 NAME 4 CITY 5 NAME	ent signature requir E EET ADDRESS -ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E ME ME ME ME ME	- Control of the Cont	DATE	AND DIRECTO Change Change	Addition Addition
SIGNATURE 12. TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME. TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed primely name O AIF HABER, JAMES 950 THIRD AVE., 2: NEW YORK NY 100	ept the obligations of se of registered agent and title if DFFICERS AND DIRECTOR	opplication (NOTE: 1 OPPLICATE DELETE DELETE DELETE	23 STRE 2 A CITY 3.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRI 3.4 CITY 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STRI 5.3	ent signature requir E	- Control of the Cont	DATE	AND DIRECTO Change Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME.	Signature, typed or printed name AIF HABER, JAMES 950 THIRD AVE., 2' NEW YORK NY 100	ept the obligations of se of registered agent and title if DFFICERS AND DIRECTOR	Application (NOTE: 1 Applicati	23 STRE 2 A CITY 3.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRI 3.4 CITY 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STRI 5.3	ent signature requir E EET ADDRESS -ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP LE EET ADDRESS Y-ST-ZIP LE EET ADDRESS Y-ST-ZIP LE EET ADDRESS Y-ST-ZIP	- Control of the Cont	DATE	AND DIRECTO Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed primely name O AIF HABER, JAMES 950 THIRD AVE., 2: NEW YORK NY 100	ept the obligations of se of registered agent and title if DFFICERS AND DIRECTOR	opplication (NOTE: 1 OPPLICATE DELETE DELETE DELETE	23 STRE 2 4 CITY 3.1 TITLE 22 NAME 23 STRE 2.4 CITY 3.1 TITLE 32 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAV 4.3 STR 4.5 CITY 5.1 TITLE 5.2 NAV 6.3 STR 6.1 TITLE 6.1 TITL	ent signature requir E EET ADDRESS -ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE REET ADDRESS Y-ST-ZIP LE	- Control of the Cont	DATE	AND DIRECTO Change Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME. STREET ADDRESS. CITY-ST-ZIP	Signature, typed or printel name O AIF HABER, JAMES 950 THIRD AVE., 2' NEW YORK NY 100	ept the obligations of september of registered agent and title if DFFICERS AND DIRECT	Application (NOTE: 1 Applicati	23 STRE 2 4 CITY 3.1 TITLE 22 NAME 23 STRE 2.4 CITY 3.1 TITLE 32 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAV 4.3 STR 4.5 CITY 5.1 TITLE 5.2 NAV 6.3 STR 6.4 CITY 6.2 NAV 6.3 STR	ent signature requir E EET ADDRESS -ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME ME REET ADDRESS	- Control of the Cont	DATE	AND DIRECTO Change Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed primely name of the control of the	ept the obligations of see of registered agent and title if DEFICERS AND DIRECT STREET STREET AND DIRECT STREET	OPPLICATION (NOTE: 1 OPPLICATI	23 STRE 2 4 CITY 4.1 TITL 4.2 NAM 3.3 STRE 2.4 CITY 4.1 TITL 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STR 6.1 TITL 6.2 NAM 6.3 STR	ent signature requir E EET ADDRESS .ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	- Control of the Cont	DATE DEFICERS	AND DIRECTO Change Change Change	Addition Add

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 turther certify that I am an 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 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 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 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 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 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 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 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 indicated on this annual report or supplemental annual report of the corporation or the receiver or trustee empowered.

SIGNATURE: