

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P25881

(4)

1. Corporation Name

BELGRANO PROPERTIES CORP.

**APPROVED
AND
FILED**

95 APR 20 AM 11:29

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**316 N.E. 2ND STREET
MIAMI FL 33132**

Mailing Address

**316 N.E. 2ND STREET
MIAMI FL 33132**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/01/1989

3a. Date of Last Report

08/10/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

4. FEI Number

65-0156394

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

9. This corporation has liability for intangible tax under § 199.032,

Florida Statutes

☐ Yes

☐ No

8. Name and Address of Current Registered Agent

**OPPENHEIM, ROLF
1825 COLLINS AVE
MIAMI BEACH FL 33139**

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

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
RIANDE P., IDELFONSO
PALM CHIMERS, FISHLOCK RD
ROADTOWN, TORTOLA, BVI**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VD
DE RIANDE, YOLANDA LUZZI
PALM CHIMERS, FISHLOCK RD
ROADTOWN, TORTOLA, BVI**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**SD
RIANDE L. NOEL
PALM CHIMERS, FISHLOCK RD
ROADTOWN, TORTOLA, BVI**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
DEVICTORIA, LUCIE RIANDE
PALM CHIMERS, FISHLOCK RD
ROADTOWN, TORTOLA, BVI**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 119.07(3)(k), Florida Statutes. I further certify that the information disclosed 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 of this report.

SIGNATURE:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/95

(305) 531-3503