

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

FILED

**Feb 03 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P25881 (4)

1. Corporation Name
BELGRANO PROPERTIES CORP.



Principal Place of Business 316 N.E. 2ND STREET MIAMI FL 33132	Mailing Address 316 N.E. 2ND STREET MIAMI FL 33132-2215
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/01/1989	3a. Date of Last Report 03/25/1996
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	4. FEI Number 65-0156394	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip Country	28. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**BARKEMA, FRANKLIN
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
85. Zip Code **FL**

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: *Graustein* DATE: *1/27/97*

(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RIANDE P., IDELFONSO	
STREET ADDRESS	PALM CHMBRS, FISHLOCK RD	
CITY-ST-ZIP	ROADTOWN, TORTOLA, BV	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DE RIANDE, YOLANDA LUZZI	
STREET ADDRESS	PALM CHMBRS, FISHLOCK RD	
CITY-ST-ZIP	ROADTOWN, TORTOLA, BV	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RIANDE L., NOEL	
STREET ADDRESS	PALM CHMBRS, FISHLOCK RD	
CITY-ST-ZIP	ROADTOWN, TORTOLA, BV	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEVICTORIA, LUCIE RIANDE	
STREET ADDRESS	PALM CHMBRS, FISHLOCK RD	
CITY-ST-ZIP	ROADTOWN, TORTOLA, BV	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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; that 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 as an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____

Date _____ Daytime Phone # _____

CR2E034 (9/96)