

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

FILED
Feb 24 1998 8:00am
Secretary of State



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

PROFIT CORPORATION ANNUAL REPORT 1998

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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc
 22 City & State
 23 Zip Country
 24 Country
 25
 26a. Mailing Address
 26 Suite, Apt. #, etc
 27 City & State
 28 Zip Country
 29 Country
 30

3. Date Incorporated or Qualified
09/01/1989
 4. FEI Number **65-0156394** 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
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 **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 *Sandra B. Mortham* DATE **2/16/98**
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent 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,BVI	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DE RIANDE, YOLANDA LUZZI	
STREET ADDRESS	PALM CHMBRS,FISHLOCK RD	
CITY-ST-ZIP	ROADTOWN,TORTOLA,BVI	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RIANDE L., NOEL	
STREET ADDRESS	PALM CHMBRS,FISHLOCK RD	
CITY-ST-ZIP	ROADTOWN,TORTOLA,BVI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEVICTORIA, LUCIE RIANDE	
STREET ADDRESS	PALM CHMBRS,FISHLOCK RD	
CITY-ST-ZIP	ROADTOWN,TORTOLA,BVI	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	DE VICTORIA,LUCIA RIANDE
4.4 CITY-ST-ZIP	PALM CHMBRS,FISHLOCK RD ROADTOWN,TORTOLA,BVI
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 checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	RIANDE DE MINDREAU,DOLORES
6.4 CITY-ST-ZIP	PALM CHBRS,FISHLOCK RD ROADTOWN,TORTOLA,BVI

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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; and that I am 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, for the corporation's principal office address.

SIGNATURE: *Lucia Riande* **LUCIA RIANDE VICTORIA** 12 February 1998 (50702642537)

CR2E034 (10/97)