

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

FILED

**Feb 12 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 # P92000005582 (1)

1. Corporation Name:
SUNBELLE CORP.



Principal Place of Business 1444 BISCAYNE BLVD. STE. #220 M MIAMI FL 33132	Mailing Address 1444 BISCAYNE BOULEVARD UNIT 220-M MIAMI FL 33132-1430 US
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3. Date Incorporated or Qualified 11/16/1992	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21. Suite, Apt #, etc. 22. City & State 23. Zip Country	2a. Mailing Address 26. Suite, Apt #, etc. 27. City & State 28. Zip Country	4. FEI Number 65-0378522	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FASEL, HORST G 1950 S.W. 121 CT., UNIT 242 MIAMI FL 33175		10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 1444 BISCAYNE BLVD, SUITE 220 83. 84. City MIAMI FL 85 Zip Code 33132	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PVTS	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME HORST, FASEL G		1.2 NAME	
STREET ADDRESS 1950 S.W. 121 CT., UNIT #242		1.3 STREET ADDRESS 1444 BISCAYNE BLVD, SUITE 220	
CITY-ST-ZIP MIAMI FL 33175		1.4 CITY-ST-ZIP MIAMI, FL 33132	
TITLE DCM	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME HORST, FASEL G		2.2 NAME	
STREET ADDRESS 1950 S.W. 121 CT., UNIT #242		2.3 STREET ADDRESS 1444 BISCAYNE BLVD, SUITE 220	
CITY-ST-ZIP MIAMI FL 33175		2.4 CITY-ST-ZIP MIAMI, FL 33132	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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, changed or in an attachment with an address.

SIGNATURE: *[Signature]* **HORST G. FASEL FEB. 05/97 (305) 3819071**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)