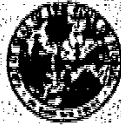


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 AM 4:17

DOCUMENT # P93000008063 (8)

1. Corporation Name

BELL MANAGEMENT, INC.

Principal Place of Business

6100 HOLLYWOOD BLVD
SUITE 407
HOLLYWOOD FL 33024

Mailing Address

6100 HOLLYWOOD BLVD
SUITE 407
HOLLYWOOD FL 33024

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/29/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0391986

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

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

30

9. Name and Address of Current Registered Agent

KOPELOWITZ, HARVEY
750 SE THIRD AVE #100
FT LAUDERDALE FL 33316

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME STERN, BEN
STREET ADDRESS 6100 HOLLYWOOD BLVD SUITE 407
CITY-ST-ZIP HOLLYWOOD FL 33024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 P
12 NAME JAMES VILLARROEL
13 STREET ADDRESS 6100 HOLLYWOOD BLVD. SUITE 407
1.4 CITY-ST-ZIP HOLLYWOOD, FL 33024

2.1 TITLE
22 NAME
23 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
32 NAME
33 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
42 NAME
43 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
52 NAME
53 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
62 NAME
63 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(g), 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 if changed, or on an attachment with an address.

SIGNATURE:

JAMES VILLARROEL

8.3.95

(305) 967-8050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #