

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000014829 (4)**

1. Corporation Name

**BELLIARD'S ART STADIUM, INC.**



Principal Place of Business

Mailing Address

23076 SANDALFOOT PLAZA DRIVE  
BOCA RATON FL 33428

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BOCA RATON FL 33428

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

3. Date Incorporated or Qualified <b>02/19/1993</b>	3a. Date of Last Report <b>04/25/1995</b>
4. FLI Number <b>65-0393387</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

JORDAN, ROY  
250 AUSTRALIAN AVE SO  
STE 1603  
W PALM BCH FL 33401

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 or officer if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELLIARD, RAFAEL</b>	12. NAME	
STREET ADDRESS	<b>2001 SOUTH CONFERENCE</b>	13. STREET ADDRESS	<b>10846 King Bay DR.</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	14. CITY-ST-ZIP	<b>BOCA RATON, FL 33498</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALONSO, VINCE</b>	22. NAME	
STREET ADDRESS	<b>2001 SOUTH CONFERENCE</b>	23. STREET ADDRESS	<b>1200 S. OCEAN BLVD.</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	24. CITY-ST-ZIP	<b>BOCA RATON, FL 33432</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERNANDEZ, RAFAEL</b>	32. NAME	
STREET ADDRESS	<b>2001 SOUTH CONFERENCE</b>	33. STREET ADDRESS	<b>3049 61<sup>st</sup> ST.</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	34. CITY-ST-ZIP	<b>BOCA RATON, FL 33496</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VARELA, MEL</b>	42. NAME	
STREET ADDRESS	<b>2001 SO CONFERENCE</b>	43. STREET ADDRESS	<b>6742 CANARY PALM CIR</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	44. CITY-ST-ZIP	<b>BOCA RATON, FL 33493</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. 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)(k), 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: *Melvin Varela*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/96  
Date  
(409) 451-1130  
Office Phone #

CR2E034 (12/95)