


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

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90033 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000014829

1. Corporation Name
BELLIARD'S ART STADIUM, INC.



Principal Place of Business 23076 SANDALFOOT PLAZA DRIVE BOCA RATON FL 33428 <i>5022 N. HIATUS Rd.</i> SUNRISE, FL 33351	Mailing Address 23076 SANDALFOOT PLAZA DRIVE BOCA RATON FL 33428 <i>5022 N. HIATUS Rd.</i> SUNRISE, FL 33351
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. City & State Zip Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. City & State Zip Country 29 30
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3. Date Incorporated or Qualified 02/19/1993	Applied For Not Applicable
4. FEI Number 65-0393387	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 owes the current year Intangible Personal Property Tax. <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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	BELLIARD, RAFAEL
STREET ADDRESS	10846 KING BAY DR
CITY-ST-ZIP	BOCA RATON FL
TITLE	V <input type="checkbox"/> DELETE
NAME	ALONSO, VINCE
STREET ADDRESS	12000 S OCEAN BLVD
CITY-ST-ZIP	BOCA RATON FL
TITLE	V <input type="checkbox"/> DELETE
NAME	HERNANDEZ, RAFAEL
STREET ADDRESS	3049 61ST ST
CITY-ST-ZIP	BOCA RATON FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	VARELA, MEL
STREET ADDRESS	6742 CAMARY PALM CIR
CITY-ST-ZIP	BOCA RATON FL
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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mel Varella* **REQUIRED** 3/1/99 (954) 747-8195
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034/11/98