FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000036536 (9)**

1. Corporation Name
BELAN, INC.

Principal Place of Business	Mailing Address
5854 DAHLIA DRIVE # 1 ORLANDO FL 32807	P.O. BOX 721097 ORLANDO FL 32872 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/20/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21: 5854 Dahlia Drive
2a. Mailing Address — 26: P.O. Box 721097
Suite, Apt. #, etc. — 22: unit 1
Suite, Apt. #, etc. — 27:
City & State — 23: Orlando FLORIDA
City & State — 28: Orlando, Florida
Zip — 24: 32807
Country — 25: USA
Zip — 29: 32872-1097
Country — 30: USA

4. FEI Number: **NOT APPLICABLE** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ARENCIBIA, BEVERLY C
3005 SOUTH SEMORAN BLVD.
157
ORLANDO FL 32825

10. Name and Address of New Registered Agent

81 Name: Beverly C Arencibia
82 Street Address (P.O. Box Number is Not Acceptable): 5854 Dahlia Drive
83: Unit 1
84 City: Orlando **FL** 85 Zip Code: 32807

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: Beverly C Arencibia — 4/25/95
(Signature of new registered agent, if changed) (NOTE: Registered Agent's signature required where indicated) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☒ Addition: VICE PRESIDENT
NAME	ARENCIBIA, BEVERLY	12 NAME	ALIN ARENCIBIA
STREET ADDRESS	5821 DAHLIA DR.	13 STREET ADDRESS	5854 Dahlia Dr unit 1
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	ORLANDO, FLORIDA 32807
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ 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 exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that this 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: Beverly Arencibia — 4/25/95 — (407) 658-8684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0419947 FP