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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000051563 (3)

BELLESTAR MANAGEMENT CORP.

Principal Place of Business Mailing Address 6001 BROKEN SOUND PARKWAY NW 6001 BROKEN SOUND PARKWAY NW SUITE 408 SUITE 408 DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33487** BOCA RATON FL 33487 3. Date Incorporated or Qualified 07/23/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0427810 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Ζφ 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 29 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HUDSON, ROBERT F JR. 701 BRICKELL AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 1600** 83 **MIAMI FL 33131** 84 City 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 time if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE PD DELETE 1.1 TITLE Change Addition NAME BLANCHARD, JEAN 1.2 NAME CR2E034 6001 BROKEN SOUND PKWY NW SUITE 408 STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 14 CITY-ST-ZIP DELFTE TITLE 21 TITLE Change Addition NAME LAVALLE, JOSEPH 22 NAME 6001 BROKEN SOUND PKWY NW, SUITE 408 STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition TITI F 3 1 TITLE MALLE 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ANDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP DELETE Addition TITLE 5 1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 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 enipowered 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 I in attachment with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 City-St-Zip

SIGNATURE:

TITLE

NAME

STREET ADDRESS

HEM GLANEITARG

DELETE

APR 2 9 1998

Daylime Phone # 0352452

Change

Addition

FILED

May 15 1998 8:00am

Secretary of State