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

Feb 24 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P93000073015 (8) **BELLAQUA INC.** Principal Place of Business Mailing Address P.O. BOX 2782 1256 N. 5TH STREET PALM BEACH FL 33480 W. PALM BEACH FL 33409 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/15/1993 2. Principal Place of Business 2a. Mailing Address Applied For 100 EAST 172 Not Applicable 21 26 65-0444357 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 RIVIERA Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30. USA 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent B1 SNEATH, ANDREW 1256 N 5TH ST 82 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33409 83 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 (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 11 TILLE TITLE. SNEATH, ANDREW SNEATH, ANDREW J S. 1.2 NAME NAME 100 EAST 17# STREET 1256 N. 5TH STREET 1.3 STREET ADDRESS STREET ADDRESS W. PALM BEACH FL 1.4 CITY-ST-ZIP RIVIERA BEACH, FL 335 CITY-ST-ZIP DELETE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 11TLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP Addition DELETE Change TITLE 4.1 TOLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-2IP DELETE Change Addition 5.1 TITLE TITLE

FILED

Change

☐ Addition

14. Thereby 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 enrueal report or suppliemental 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 convertation of 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 a proposed in a statute of the receiver of the convertation of the receiver of the receiver of the convertation of the receiver of the convertation of the receiver of the convertation of the receiver of the receiver of the convertation of the receiver of the receive

52 NAME

6.1 TITLE

6.2 NAME

DELETE

53 STREFT ADDRESS

6 3 STREET ADDRESS 6 4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP