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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P93000079636 (5)**

1. Corporation Name
BELLINI CORPORATION, I

Principal Place of Business
% STEVEN H. HAGEN
701 BRICKELL AVE. SUITE 3000
MIAMI FL 33131

Mailing Address
% STEVEN H. HAGEN
701 BRICKELL AVE. SUITE 3000
MIAMI FL 33131-2847

3. Date Incorporated or Qualified: **11/18/1993**
3a. Date of Last Report: **04/24/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **65-0473082** ☐ 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

INTRASTATE REGISTERED AGENT CORPORATION
% STEVEN H. HAGEN
701 BRICKELL AVE. SUITE 3000
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: INTRASTATE REGISTERED AGENT CORPORATION
82 Street Address (P.O. Box Number is Not Acceptable): 701 Brickell Ave., Suite 3000
83
84 City: Miami **FL** 85 Zip Code: 33131

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. INTRASTATE REGISTERED AGENT CORPORATION

SIGNATURE By: Steven H. Hagen, Vice President (NOTE: Must be signed when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KING, EDMUND C/O P. O. BOX 1170, GEORGETOWN N/A GRAND CAYMEN BR	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS MUELLER, GILLIAN %P.O. BOX 131 REITERGASSE 9-11 N/A CH-8027 ZURICH	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Laing, Dorothy M. P.O. Box 131 Reitergasse 9-11 N/A CH-8027 Zurich Switzerland ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P YUSOF, ADZAM %P.O. BOX 131 REITERGASSE 9-11 N/A CH-8027 ZURICH	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS PFISTER, MICHAEL %P.O. BOX 131 REITERGASSE 9-11 CH-8027 ZURICH	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Rankin, Debra P.O. Box 131 Reitergassee 9-11 N/A CH-8027 Zurich Switzerland ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROCCHI, ADRIANA C/O P. O. BOX 131 REITERGASSE 9-11 N/A CH-8027 ZU	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS WHEELER, PATRICK %P.O. BOX 131 REITERGASSE 9-11 CH-8027 ZURICH	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	S Schaeffner, Mai Ling P.O. Box 131 Reitergassee 9-11 N/A CH-8027 Zurich Switzerland ☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: 10/3/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #