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98 MAR 16 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1993

4. FEI Number

65-0473082

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE
SUITE 3000
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME KING, EDMUND
STREET ADDRESS C/O P. O. BOX 1170, GEORGETOWN
CITY-ST-ZIP GRAND CAYMEN BR

TITLE D
NAME LAING, DOROTHY M
STREET ADDRESS PO BOX 131 REITERGASSE 9-11
CITY-ST-ZIP CH-8027 ZURICH

TITLE P
NAME YUSOF, ADZAM
STREET ADDRESS %P.O. BOX 131 REITERGASSE 9-11
CITY-ST-ZIP CH-8027 ZURICH

TITLE D
NAME RANKIN, DEBRA
STREET ADDRESS %P.O. BOX 131 REITERGASSE 9-11
CITY-ST-ZIP CH-8027 ZURICH

TITLE T
NAME ROCCHI, ADRIANA
STREET ADDRESS C/O P. O. BOX 131 REITERGASSE 9-11
CITY-ST-ZIP CH-8027 ZU

TITLE S
NAME SCHAEFFNER, MAI LING
STREET ADDRESS %P.O. BOX 131 REITERGASSE 9-11
CITY-ST-ZIP CH-8027 ZURICH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME EBANKS, A.
1.3 STREET ADDRESS P.O. Box 131 Reitergasse 9-11
1.4 CITY-ST-ZIP CH-8027 Zurich

2.1 TITLE D
2.2 NAME Sanderson, M.
2.3 STREET ADDRESS P.O. Box 131 Reitergasse 9-11
2.4 CITY-ST-ZIP CH-8027 Zurich

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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. 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:

CR2E034 (10/97)

Dep. \$150.00