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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT.# P93000079640 (7)
1. Corporation Name
BELLINI CORPORATION, II



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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/18/1993	
				4. FEI Number 65-0471166	
				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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

g. 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 85 Zip Code	
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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) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition		
NAME	KING, EDMUND		1.2 NAME	EBANKS, A.			
STREET ADDRESS	PO BOX 1170 GEORGETOWN		1.3 STREET ADDRESS	P.O. Box 131 Reitergasse 9-11			
CITY-ST-ZIP	GRAND CAYMAN BW		1.4 CITY-ST-ZIP	CH-8027 Zurich			
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition		
NAME	RANKIN, DEBRA		2.2 NAME	Snackerson, M			
STREET ADDRESS	C/O P. O. BOX 1170 GEORGETOWN		2.3 STREET ADDRESS	P.O. Box 131 Reitergasse 9-11			
CITY-ST-ZIP	GRAND CAYMAN BR		2.4 CITY-ST-ZIP	CH-8027 Zurich			
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition		
NAME	YUSOF, ADZAM		3.2 NAME				
STREET ADDRESS	% P.O. BOX 131 REITERGASSE 9-11		3.3 STREET ADDRESS				
CITY-ST-ZIP	CH-8027 ZURICH		3.4 CITY-ST-ZIP				
TITLE	T	☒ DELETE	4.1 TITLE	T	☐ Change ☐ Addition		
NAME	ROCCHI, ADRIANA		4.2 NAME	Augustus Novica			
STREET ADDRESS	%P.O. BOX 131 REITERGASSE		4.3 STREET ADDRESS	P.O. Box 131, Reitergasse 9-11			
CITY-ST-ZIP	CH-8027 ZURICH		4.4 CITY-ST-ZIP	8027 ZH, Switzerland			
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition		
NAME	LAING, DOROTHY M		5.2 NAME				
STREET ADDRESS	%P.O. BOX 131 REITERGASSE 9-11		5.3 STREET ADDRESS				
CITY-ST-ZIP	CH-8027 ZURICH		5.4 CITY-ST-ZIP				
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition		
NAME	SCHAFFNER, MAI LING		6.2 NAME				
STREET ADDRESS	%P.O. BOX 131 REITERGASSE 9-11		6.3 STREET ADDRESS				
CITY-ST-ZIP	CH-8027 ZURICH		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, 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: _____

CR2E034 (10/97)

3/20
\$150.00