

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

Page 183

DOCUMENT # P93000079642 (3)

1. Corporation Name

BELLINI CORPORATION, III



Principal Place of Business

Mailing Address

C/O STEVEN H. HAGEN
701 BRICKELL AVE. SUITE 300
MIAMI FL 33131

C/O STEVEN H. HAGEN
701 BRICKELL AVE. SUITE 300
MIAMI FL 33131

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/18/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

55-0473081

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

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 | <input type="checkbox"/> DELETE |
| NAME | MUELLER, GILLIAN | |
| STREET ADDRESS | %P.O. BOX 131 REITERGASSE 9-11 | |
| CITY-ST-ZIP | CH-8027 ZURICH | |
| TITLE | AS | <input checked="" type="checkbox"/> DELETE |
| NAME | NEFF, ARMAND | |
| STREET ADDRESS | %P.O. BOX 131 REITERGASSE 9-11 | |
| CITY-ST-ZIP | CH-8027 ZURICH | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | YUSOF, ADZAM | |
| STREET ADDRESS | %P.O. BOX 131 REITERGASSE 9-11 | |
| CITY-ST-ZIP | CH-8027 ZURICH | |
| TITLE | AS | <input type="checkbox"/> DELETE |
| NAME | GINGER, NORINA | |
| STREET ADDRESS | %P.O. BOX 131 REITERGASSE 9-11 | |
| CITY-ST-ZIP | CH-8027 ZURICH | |
| TITLE | AS | <input type="checkbox"/> DELETE |
| NAME | BLANCO, ESTHER | |
| STREET ADDRESS | P.O. BOX 131 REITERGASSE 9-11 | |
| CITY-ST-ZIP | CH-8027 ZURICH | |
| TITLE | S | <input type="checkbox"/> DELETE |
| 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 | AS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | MUELLER, GILLIAN | |
| 1.3 STREET ADDRESS | c/o P.O. Box 131, Reitergasse 9-11 | |
| 1.4 CITY-ST-ZIP | CH-8027 Zurich | |
| 2.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | KING, EDMUND | |
| 2.3 STREET ADDRESS | c/o P.O.Box 1170, Georgetown, Grand Cayman | |
| 2.4 CITY-ST-ZIP | British West Indies | |
| 3.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | RANKIN, DEBRA | |
| 3.3 STREET ADDRESS | C/o P.O.Box 1170, Georgetown, Grand Cayman | |
| 3.4 CITY-ST-ZIP | British West Indies | |
| 4.1 TITLE | AS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | GIGER, NORINA | |
| 4.3 STREET ADDRESS | (address remains unchanged) | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | AS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | THIAGARAJAN, RAVE | |
| 5.3 STREET ADDRESS | c/o P.O.Box 131, Reitergasse 9-11 | |
| 5.4 CITY-ST-ZIP | CH-8027 Zurich | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or changed or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK WHEELER

SECRETARY

M. Hines

APR 10, 1996

Date Daytime Phone

CR2E034 (12/95)

BELLINI CORPORATION III

ATTACHMENT TO 1996 ANNUAL REPORT AMENDMENT STATE OF FLORIDA DOCUMENT NUMBER P93000079642 (3)

Continuation of Block 12

Title
Name
Street Address
City, State & Zip

D
LAING, DOROTHY M.
c/o P.O. Box 1170, Georgetown
Grand Cayman, British West Indies

Title
Name
Street Address
City, State & Zip

D
DELANEY, SARAH
c/o P.O. Box 1170, Georgetown
Grand Cayman, British West Indies

Title
Name
Street Address
City, State & Zip

AS
PFISTER, MICHAEL
c/o P.O. Box 131, Reitergasse 9-11
CH-8027 Zurich

Title
Name
Street Address
City, State & Zip

AS
WHEELER, PATRICK
c/o P.O. Box 131, Reitergasse 9-11
CH-8027 Zurich

Title
Name
Street Address
City, State & Zip

~~D
SCOTT, JULIE T.
c/o P.O. Box 1170, Georgetown, Grand Cayman
British West Indies~~

DELETE

Title
Name
Street Address
City, State & Zip

AS
GRIVET, PASCALE
c/o P.O. Box 131, Reitergasse 9-11
CH-8027 Zurich

Title
Name
Street Address
City, State & Zip

AS
SCHMIDT, DANE
c/o P.O. Box 131, Reitergasse 9-11
CH-8027 Zurich

Title
Name
Street Address
City, State & Zip

AS
SCHNYDER, MARY JEAN
c/o P.O. Box 131, Reitergasse 9-11
CH-8027 Zurich

Title
Name
Street Address
City, State & Zip

AS
SUESS, SHARON
c/o P.O. Box 131, Reitergasse 9-11
CH-8027 Zurich

cont.....

cont.....

Page 393

| | |
|-------------------|------------------------------------|
| Title | AS |
| Name | SERENA, RITA |
| Street Address | c/o P.O. Box 131, Reitergasse 9-11 |
| City, State & Zip | CH-8027 Zurich |

| | |
|-------------------|------------------------------------|
| Title | AS |
| Name | LEPORI, CRISTINA |
| Street Address | c/o P.O. Box 131, Reitergasse 9-11 |
| City, State & Zip | CH-8027 Zurich |

| | |
|-------------------|------------------------------------|
| Title | T |
| Name | ROCCHI, ADRIANA |
| Street Address | c/o P.O. Box 131, Reitergasse 9-11 |
| City, State & Zip | CH-8027 Zurich |



PATRICK WHEELER, ASST. SECRETARY



MICHAEL PFISTER
ASSISTANT SECRETARY

APRIL 10, 1996