

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

DOCUMENT # **P93000080687**

1. Corporation Name  
**BELMONT TRADING CORPORATION**

Principal Place of Business Mailing Address  
**8160 GENEVA CT. #315 8160 GENEVA CT. # 315**  
**MIAMI, FL 33166 MIAMI, FL 33166**

3. Date Incorporated or Qualified **11/23/93** 3a. Date of Last Report **04/11/95**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **65-0454879** Applied For  
**21** **26** **Not Applicable**

Suite, Apt. #, etc. Suite, Apt #, etc. 5. Certificate of Status Desired ☐ \$8.75 Additional  
**22** **27** Fee Required

City & State City & State 6. Election Campaign Financing ☐ \$5.00 May Be  
**23** **28** Trust Fund Contribution ☐ Added to Fees

Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032,  
**24** **25** **29** **30** Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLANCO-REYES, MARILYN ESQ**  
**1. SE 3RD AVE.**  
**SUITE 2400**  
**MIAMI, FL 33131**

81 Name  
**RIBEIRO, ROBERTO R**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**8160 GENEVA CT. # 315**  
83  
84 City **MIAMI** 85 Zip Code **FL 33166**

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]* DATE **4/4/96**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **RIBEIRO, ROBERTO R**  
STREET ADDRESS **8160 GENEVA CT. # 315**  
CITY-ST-ZIP **MIAMI, FL 33166**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VD** ☒ DELETE  
NAME **RIBEIRO, DINEA DEL F**  
STREET ADDRESS **3610 YACHT CLUB DR. #716**  
CITY-ST-ZIP **MIAMI, FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **S** ☒ DELETE  
NAME **RIBEIRO, BEATRIZ**  
STREET ADDRESS **3610 YACHT CLUB DR. # 716**  
CITY-ST-ZIP **MIAMI, FL**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 if changed, or on an attachment with an address.  
SIGNATURE: *[Signature]* Date **4/4/96** Daytime Phone # **224.9**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FORM NOT APPROVED FOR FILING