

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90091 046 ***150.00

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DOCUMENT # P93000080687

1. Corporation Name

BELCORP OF AMERICA, INC.

Principal Place of Business

888 BRICKELL KEY DRIVE
#910
MIAMI FL 33130

Mailing Address

888 BRICKELL KEY DRIVE
#910
MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/23/1993

4. FEI Number

65-0454879

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 the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 185 S.E. 14TH TERR

Suite, Apt. #, etc.

22 1211

City & State

23 Miami, Florida

Zip

24 33131

Country

25 USA

2a. Mailing Address

26 185 S.E. 14TH TERR

Suite, Apt. #, etc.

27 1211

City & State

28 Miami, Florida

Zip

29 33131

Country

30 USA

9. Name and Address of Current Registered Agent

SLOSBERGAS, NELSON ESQ.
501 BRICKELL KEY DRIVE
SUITE 400
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

Roberto Ribeiro

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

185 S.E. 14TH TERR #1211

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Roberto Ribeiro

1/14/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME RIBEIRO, ROBERTO

STREET ADDRESS 888 BRICKELL KEY DR. #910

CITY-ST-ZIP MIAMI FL 33131

TITLE VPD ☐ DELETE

NAME DE ALMEIDA, NILO

STREET ADDRESS 3610 YACHT CLUB DR #513

CITY-ST-ZIP AVENTURA FL 33180

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

P/D Roberto Ribeiro

185 S.E. 14TH TERR #1211

Miami, FL 33131

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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; 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roberto Ribeiro

Date

1/14/99

Daytime Phone #

(305) 374-0427

CR2E034 (11/98)