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Secretary of State
04-28-2003 91514 018 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000040582

10089883

1. Entity Name
FELL CORPORATION

Principal Place of Business	Mailing Address
2330 NE 102 AVE MIAMI, FL 33172 US	2330 NW 102 AVE BAIL #1 MIAMI, FL 33172 US

2. Principal Place of Business	3. Mailing Address
7700 N. Kendall Drive	7700 North Kendall Dr.
Suite, Apt. #, etc.: Suite 809	Suite, Apt. #, etc.: Suite 809
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33156 Country: U.S.A.	Zip: 33156 Country: U.S.A.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0501092 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BELLO-VINCENTINI, GUILLERMO 233 NW 102 AVENUE UNIT BAY #1 MIAMI, FL 33172	Name: GERMAN A. SALAZAR Street Address (P.O. Box Number is Not Acceptable): 7700 N. Kendall Dr., Suite 809 City: Miami, Florida FL Zip Code: 33156

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ GERMAN A. SALAZAR 04/23/2003.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Call Nowitz, Fee is $150.00
After Nov 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BELLO-VICENTINI, GUILLERMO 8470 SW 83RD COURT MIAMI, FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CLORALT, NORMA CALLE ALEJANDVO JIMENEZ SUR CAGUA, VENEZUELA,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GONZALEZ-MIJARES, OSCAR 49 AV. LOS PALOS GRANDES RES. DORABEL P.B CARACAS, VENEZUELA,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MARQUEZ, SONIA CALLE 5 DR JULIO EDIFICIO LAS CRMENRS, LV,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS BELLO, ALEXANDRA 8470 SW 83RD COURT MIAMI, FL 33143	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS,D BELLO, ALEXANDRA 8470 SW 83rd Court Miami, Florida 33143	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ GUILLERMO BELLO (PRESIDENT) 04/23/2003 Ph:(305)270-3145
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #