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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

P94000057761 (6)

1. Corporation	MENT# P9400 BEL TRADING COMPANY	10057761 (6)				
Principal Place of Business		Mailing Address				T MAKAN MAKAN MAKAN BURIN M	9616 81101 1101 1001
2340 PERIWINKLE WAY. SUITE J-3 SANIBEL ISLAND FL 33957		2340 PERIWINKLE WAY. SUITE J-3 SANIBEL ISLAND FL 33957					
					3. Date Irrcorporated or Qualified 08/04/1994	3a. Date of Last 03/17/1	
· '	ncipal Place of Business 2a. Mailing Address				4. FEI Number	Applied For	
Suite, Apt. #, etc.		26			65-0517126		Not Applicable
22		Suite, Apt. #, etc.	- 7		5. Certificate of Status Desired		75 Additional
City & State		City & State	City & State		6. Election Campaign Financing	Fee	e Required
23		28	-γ '		Trust Fund Contribution		00 May Be
Zip	Country	Zip	Country	··		Added to Fees	
24	25	29	*n		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		8 199.037,
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New R		
			81	Name			
	f, robert l III		82	Street Add	dress (P.O. Box Number is Not Acceptable	le)	
	ERIWINKLE WAY, SUITE J-3		["]		655 (F.O. EXIX NOTIFICE IS NOT ACCEPTABLE)		
SANIBE	L ISLAND FL 33957		83				
			84	City			Zip Code
44 5			İ	,	pration submits this statement for the purp		
SIGNATURE _	Synature, typed or printed name of registered agent	and tire trapplicable (A	OTE Registered Age			DATE	
TITLE	OFFICERS AND				ADDITIONS/CHANGES TO OFFI		
NAME	THOMAS, GEOTHEY J	☐ DELETE	1, 1 TITLE			☐ Change	Addition
STREET ADDRESS	8 STARBROOK WAY, CHUR	ALME VIELDEN N	1.2 NAME				
CITY-ST-ZIP	BEDFORDSHIRE, ENGLAND		1.3 STREET				
TITLE	STD DELETE		14 CHY-5	31-7IP			
NAME	THOMAS, SANDRA		2 2 NAME			☐ Change	☐ Addition
STREET ADDRESS 8 STARBROOK WAY, CHURCH L		CH LANE YIELDEN N	2 3 STREET	ADDDDDDD			
C(1)Y-S1-Z(P	BEDFORDSHIRE, ENGLAND	MK441					
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NAME			3 2 NAME			[] Guarige	☐ Addition:
STREET ADDRESS			33 STREE	AUDRESS			
CITY-ST-ZIP			3.4 CHY - S				
TITLE	F3 p5 F1/		4 1 THILE			☐ Change	Addition
NAME						_ ,	
STREET ADDRESS			43 SIREET	ADDRESS			
CHTY-ST-ZIP			4 4 Crity - S	T - ZiF			
TITLE			5 1 TITLE			Cnange	☐ Addition
NAME			5.2 NAME				ł
STREET ADDRESS			5.3 STREFT	ADDRESS			
CITY-ST-ZIP			5 4 CITY-S	1-71P			
TITLE		DELETE	6 1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				ĺ
STREET ADDRESS			63 STREFT	ADDRESS			

64 CITY-ST-ZP

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 triat 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:

SONATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-96 (911)395-1300