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FILED

Mar 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000035340 (5)

1. Corporation Name

BELCA PROPERTY MANAGEMENT, INC.

Principal Place of Business

191 S.W. 129TH AVENUE  
MIAMI FL 33184

Mailing Address

191 S.W. 129TH AVENUE  
MIAMI FL 33184

3. Date Incorporated or Qualified

05/05/1995

3a. Date of Last Report

04/12/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0578690

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

9. Name and Address of Current Registered Agent

CASTRO, ANTONIO J  
191 S.W. 129TH AVENUE  
MIAMI FL 33184

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 and 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	CASTRO, ANTONIO J	
STREET ADDRESS	191 S.W. 129TH AVE.	
CITY - ST - ZIP	MIAMI FL 33184	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BELLO, JOAQUIN O	
STREET ADDRESS	10945 S.W. 36TH STREET	
CITY - ST - ZIP	MIAMI FL 33184	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BELLO, PEDRO M	
STREET ADDRESS	13435 S.W. 1ST TERRACE	
CITY - ST - ZIP	MIAMI FL 33184	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CASTRO, GENOVEVA	
STREET ADDRESS	191 S.W. 129TH AVE.	
CITY - ST - ZIP	MIAMI FL 33184	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BELLO, ISABEL	
STREET ADDRESS	13435 S.W. 1ST TERRACE	
CITY - ST - ZIP	MIAMI FL 33184	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BELLO, MARILYN	
STREET ADDRESS	10945 S.W. 36TH ST.	
CITY - ST - ZIP	MIAMI FL 33165	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 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.

SIGNATURE: *X Antonio J. Castro*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-04-97

Date

305-541-1206

Daytime Phone #

CR2E034 (9/96)