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

**PROFIT CORPORATION** ANNUAL REPORT 1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000054586 (9)

BELMED INTERNATIONAL TRADING, INC.

## **FILED** Mar 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									$\neg \neg$	UA		fotol offili		H MANIN MANA	CKIN DIÐU U		E 8111 1881	
-7367-NW-127H-97 -7267-NW-127H-97 -MAMI-FL-93126 -MAMI-FL-93126 -										DO NOT WRITE IN THIS SPACE								
									l	3. Date Incorporated or Qualified								
											14/199	)5						
<b>├</b> ─					2a. Mailing Address 26 4851 N.W. 79th Ave.					4. FEI Number						Applied For		
21 4851 N.W. /9th Ave. Suite, Apt. #, etc.					26 4831 N.W. /9th Ave Suite, Apt #, etc.				65-0599191					<del></del>		pplicable		
22 Suite #6					27 Suite #6					5. Certific	ate of Si	atus De	sired		\$8.7	Add Requ		
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<b>-</b>		Name		10. Name	and Add	10 88911	H Wen	eðizieleg	Agent									
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<del>-7267 NW-12TH-</del> ST <del>- MAMI FL-83128</del>										s (P.O. Box <b>N.W.</b> 7			Accepta	able)				
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ļ								City MI						<u>FL</u>		331°		
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.															egistered gistered			
SIGNATURE	Storiative fund	for combal page of	sucus buted accord ato	ai tilia d se	onlic atulo (N	Off Register	ed Ane	ent signet ve ser	ouired i	when reinstating				DATE				
12.	Signature typed or printed name of registered agent and title if applicable  2. OFFICERS AND DIRECTORS							13.				NGES 1	O OFF		DIRECT	ORS I	N 12	
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r nervoy centry triat tre information supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 flustee 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, only an attachment with an address.

2/2/98

305-716-8889