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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000061361 (8) DOCUMENT #

BELMAR CONSTRUCTION, CORP.

Principal Place of Business Mailing Address 29622 S.W. 147TH COURT LEISURE CITY FL 33033 28622 S.W. 147TH COURT LEISURE CITY FL 33033

FILED Jun 04 1998 8:00am Secretary of State



	ELIGORE OFF TE SOCIETY							DO NOT WRITE IN THIS SPACE					
							[3	3. Date Incorporated or Qualified					
								08/07/1995					
2. Principal Pl	ace of Business	2a. Ma	2a. Mailing Address				4	FEI Number			Ar	oplied For	
21		26	26					65-0608516	,		No.	ot Applicable	
Suite, Apt. #	t, etc.	Su	Suite, Apt. #, etc.					5. Certificate of Statu	ie Desirad			Additional	
22		27	<u> </u>					. Certificate of State	is Desired		Fee Re	equired	
City & State	•	Cit	City & State					Election Campaig	n Financing		\$5.00	May Be	
23		28					Trust Fund Contrib	oution		Added	to Fees		
Zip	Country	Zip	>	Cou	.ntry			8. This corporation o	wes or has pa	sid the cur	rent year Int	tangible	
24	25	29		30				Personal Property Tax due June 30. Yes No					
	9. Name and Address of Currer	10, Name and Address of New Registered Agent											
BELMONTES, AMANDO						Name							
28622 S.W. 147TH COURT					82	Street A	et Address (P.O. Box Number is Not Acceptable)						
LEI													
					83								
					84	City					85 Zip	Code	
					~	City				FL	. 183 210	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.													
office or re	egistered agent, or both, in the State in familiar with, and accept the oblici	of Florida. : ations of, Se	Such change was a ection 607.0505. Flo	uthorize irida Sta	d by utes	the corpo	ooration's	board of directors. I	hereby accer	of the app	ointment as	registered	
SIGNATURE	1 1 1/2 1	105							5/2	7/9			
SIGNATURE	Signature of the state of the s	ent and little if ap	plicable (NOTE	Registere) Age	nt signature re	required wh	en reinstating)		DATE	· ·		
12.	OFFICERS AN	O DIRECTO		13.				ADDITIONS/CHANG	GES TO OFFIC	ERS AND	DIRECTOR	RS IN 12	
TITLE	D			111)	1 1 TITLE						Change	Addition	
NAME	BELMONTES, AMANDO			1.2 N	4ME	ļ							
STREET ADDRESS			1.33		1.3 STREET ADDRESS								
CITY-ST-ZIP	LEISURE CITY FL 33033		1.4 C	1.4 C/TY-ST-ZIP									
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HAME	22		22 N	22 NAME		l					ľ		
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CITY-ST-ZIP				2 4 0	2 4 CITY-ST-ZIP								
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NAME				32 N	3 2 NAME								
STREET ADDRESS				3351	rreet .	ADDRESS						ļ	
CITY-ST-ZIP				3 4. C									
TITLE			DELETE	41 T		 +		·			Change	Addition	
NAME				4 2 N	IAME						•		
STREET ADDRESS						ADDRESS							
CITY-ST-ZIP					TY-ST	•							
TITLE			DELETE	51 T							Change	Addition	
NAME				52 N/									
STREET ADDRESS						ADDRESS							
CITY-ST-ZIP					TY-S1								
TITLE			DELETE	6.1 T		- 211					Change	Addition	
NAME				6.2 NA		1	1				Change		
STREET ADDRESS						4DDDDECC							
						ADDRESS							
CITY-ST-ZIP	ertify that the information supplied w	ith this filing	door not qualify for		IY-SI		d in Soct	ion 110 07/2)//\ F1==	ido Statuton I	f. urth as as	etific that the	information	
indicated a	entry that the information supplied w			r trie exe			ea in Sect	COLL LIBROR (SJUJ, FIOR	iud StatUtes. I	initier ce	aday mat me	miornation	

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.