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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

P95000069903 (9)

DOCUMENT # P9

1. Corporation Name

BELOV & COMPANY, INC.

FILED Jun 19 1996 8:00 am Secretary of State

|  | & COMPAINT, INC.  |  |                                |   |   |   |                       |                                |                        |
|--|---|--|--------------------------------|---|---|---|-----------------------|--------------------------------|------------------------|
| rincipal Place of  | Business  | Mailing Address                                  |                                |   |   | i (Milliad) (Ca illia) diret aan  | in Bûttir Anibi Anibi | 9 Brite 18116 (611             | .,                     |
| 17811 NORTH  | WEST BOTH AVENUE  | 17811 NORT<br>MIAMI FL 33                        | H WEST 80TH                    | AVENUE  |   |   |                       |                                |                        |
| <b></b>  | •   |  |                                |   |   | 3. Date Incorporated or Qualific<br>09/12/1995  |                       | e of Last Re                   |                        |
| . Principal Place  | of Business   | 2a. Mailing Addr                                 | ess                            |   |   | 4. FEI Number   |                       | <b>├├</b>                      | pplied For             |
|  |   | 26   | 26                             |   |   | 65-0622259  |                       |                                | lot Applican           |
| Suite, Apt #. 6  | etc   | Suite, Apt. #                                    | , etc.                         |   |   | 5. Certificate of Status Desired  | Ø                     |                                | Additional<br>lequired |
|  |   | 27   |                                |   |   | 6. Election Campaign Financin   |                       | \$5.00                         | May Be                 |
| City & State   |   | Orty & State                                     |                                |   |   | Trust Fund Contribution   | " <b></b>             |                                | to Fees                |
| Zip  | Country   | Zip  |                                | Country   |   | 8. This corporation has liability   | for intangible        | tax under s                    | 199.032,               |
| <u> </u>   | 25  | 29   | 30                             |   | ,   |   | Yes 🛮 No              |                                |                        |
|  | 9. Name and Address of Cur                                  | rrent Registered Agent                           |                                |   |   | 10. Name and Address of Ne  | w Registered          | Agent                          |                        |
|  |   |  |                                | 81  | Name  |   |                       |                                |                        |
| BLANCO   | ), SONIA  |  |                                | 82  | Street Ac   | ddress (P.O. Box Number is Not Acce   | ptable)               |                                |                        |
|  | iorth west 80th avenu                                       | E  |                                | 83  |   |   |                       |                                |                        |
| <b>MIAMI</b> FI  | L 33015   |  |                                |   |   |   |                       | 7.2                            | 0-1-                   |
|  |   |  |                                | 84  | City  |   | F                     | L 85 ZF                        | o Code                 |
| ignature 📝   | youra /   | -uuu   | 7                              | and the same  | and a second of the field   | current where he restational  | DATE                  |                                |                        |
| SI:  | that we typed or printed name of registered.<br>OFFICERS    | agent and trin it applicable<br>S AND DIRECTORS  |                                | باهی از اور در از   |   | ADDITIONS/CHANGES TO  | OFFICE OF A           | ND DIRECTO                     |                        |
| 2  | D   | agent and tring transpictable<br>S AND DIRECTORS |                                | 13.<br>1 1 Tille  |   | ADDITIONO OUR HOPE TO   | OFFICE OF A           | ND DIRECTO                     |                        |
| 2.<br>ITLE<br>AME  | D<br>Blanco, sonia  | DE   |                                | 13.<br>1 1 Title<br>1 2 NAME  |   | ADDITIONO OUR HOPE TO   | OFFICE OF A           | ND DIRECTO<br>Change           |                        |
| 2. TLE AME TREET ADDRESS   | D<br>BLANCO, SONIA<br>17811 NORTH WEST 80                   | DE   |                                | 13.<br>1 1 TITLE<br>12 NAME<br>13 STREET  |   | ADDITIONO OUR HOPE TO   | OFFICE OF A           | ND DIRECTO<br>Change           |                        |
| SE<br>TLE<br>AME<br>TREET ADDRESS  | D<br>Blanco, sonia  | DE   | LETE                           | 13.<br>1 1 Title<br>1 2 NAME  |   | ADDITIONS/CHANGES TO PACSI DENT (DIRECT Adam ANTHONY BLAN 17811 N.W. 80 AVE Hialesh, Fla. | OFFICE OF A           | ND DIRECTO Change Change       | Addit                  |
| Z.  TLE  AME  TREE1 ADDRESS  ITY-ST-2IP  ITLE  | D<br>BLANCO, SONIA<br>17811 NORTH WEST 80                   | OTH AVENUE                                       | LETE                           | 13.<br>1 1 TITLE<br>12 NAME<br>13 STREET<br>14 CHY-S  |   | ADDITIONO OUR HOPE TO   | OFFICE OF A           | Change                         | Addit                  |
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SIGNATURE AND TYPES OF PRINTED NAME OF SIGNAMS OFFICER OR DIRECTOR ANTHONY Blanco 4/7/96