## 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

P95000076881 (8) **DOCUMENT #** 

BELLO, INC.

**FILED** Jan 25 1996 8:00 am **Secretary of State** 



Principal Place of Business	Mailing Address			
9100 60. DADELAND BLVD. STE 1001	9100 SO: DADELAND E MIAMI FL 03156 ->	OLVD. STE-1001-		
2. Pripapal Place of Business	- Interpreted the second secon		3. Date Incorporated or Qualified 3a. 10/09/1995	Date of Last Report
21 90 L. HUSS	28 / Wailing Address 26 / D L . HVSS		4. FEI Number 65-0621544	Applied For Not Applicable
22 9703 S. Dirie Huy#3.	J 27 9 203 J. Jm	e Hy#35	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 MAMI h	28 Hours		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 55156 25 USA	29 33176	30 USA	8. This corporation has liability for intangit Florida Statutes Yes N	
9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Registe	red Agent
HUSS, LOUIS D ESQ. 9512 SO. UNIVERSITY DRIVE DAVIE FL 39314		82 Street Addr 83 City	<u> </u>	# 35 7867%
<ol> <li>Pursuant to the provision of Sections 607.050 or registered agent, or boly, in a State of Flor formular with and accept the observings of, Sec SIGNATURE</li> </ol>	ction 607.0505, Florida Statutes.	s, the above named corpord by the corporation's boar Bogistered Agrict signature require	Id or directors. Thereby accept the appointmen	nt as registered agent. I am
12. OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS	
PRESIDENT DIRECTOR  ANTHONY F. BULON  SIBELLANDESS 3512 S. UNIVERSITY  CIT SILVE DAVIE, FLA. 333	DELETE.	1. 1 Title 1.2 NAME 1.3 STREET ADDRESS		☐ Change ☐ Addition
		2 1 TIFLE		Change
AAME SIRH LADORES		2.2 NAME 2.3 STREET ADDRESS		
DIA 21 Mb	DELETE	2 4 CITY - ST - ZIP		
V-Mi	_ veen	3 1 TITLE 32 NAME 33 STREET ADDRESS		☐ Change ☐ Addition
91Y - \$1 - 7/P		3 4 CITY-ST-ZIP		
FAME	☐ DELETE	4.1 TITLE 4.2 NAME		☐ Change ☐ Addition
STREET ADDRESS		4 3 STREET ADDRESS		
CHY ST-709	DELETE	4.4 CITY-ST-ZIP 5 1 TITLE		Change Addition
NAME STEFF ADDRESS		5 2 NAME 5 3 STREET ADDRESS		
503 - \$1 Z9		54 CITY - ST-ZIP		
TICE PMS	DECETE	6 1 TITLE 6.2 NAME		Change Addition
SOBJET ACCIPIESS  OUTVIEL ZIP		6.3 STREET ADDRESS		
14. I do hereby certify that the information supplied certify that the information indicated on this annualth, that I am an officer or director of the corporappears in Block 12 or Block 13 if changed, or	pration or the receiver or trustee e	64 City-ST-ZiP ned and does not qualify for the report is true and accurate the repowered to execute this	r the exemption stated in Section 119.07(3)(k), e and that my signature shall have the same le report as required by Chapter 607, Florida Sta	Florida Statutes. I further gal effect as if made under atutes; and that my name
SIGNATURE: X 10 111	PRINTED NAME OF SIGNING OFFICER OF	)	1/2/2/	- 474-2422 Dayting Pione