Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90016 028 ***150.00

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

PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000051024

1. Corporation Name

BELLA D	OONNA VENTURES, INC.							
Principal Place	e of Business	Mailing Address			_	I IDDIIBOLIIO ISIIO OIKI ODEII OOKI	# \$151 \$41 31 # 3501 (1 8 31 08)10	}
12409 BISCAYNE BLVD 12409 BISCAYNE BLVD NORTH MIAMI FL 33181 NORTH MIAMI FL 33181						DO NOT WRITE	IN THIS SPACE	
						3. Date Incorporated or Qualifed		
						06/13/1996		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Ap	plied For
2. 1 11110 26						65-0681597	No	t Applicable
Sulte, Apt. #, etc. Suite, Apt. #, etc.							□ \$8.75 A	dditional
27						5. Certifcate of Status Desired	Fee Re	quired
City & State City & State			<u>—</u>			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current		_
24	25	29	30			Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent		241		10. Name and Address of New Re	gistered Agent	
O 41.0	TT 105:			81	Name			
SAVITT, JOEL				82	Street Ad	Address (P.O. Box Number is Not Acceptable)		
20801 BISCAYNE BLVD.								
5TH FLOOR				83				
AVENTURA FL 33180				84	City		FL 85 Zip C	Code
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was tions of, Section 607.0505, Fl	authorized Iorida Stati	utes.	the corpora	rporation submits this statement for the pution's board of directors. I hereby accept	the appointment as rec	gistered
	Signature, typed or printed name of registered age	nt and title if applicable (NOT ID DIRECTORS		Agen	t signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFI		DS IN 12
12.		DELETE	13.	n e		ADDITIONS/CHANGES TO OFFI	☐ Change	☐ Addition
TITLE	PD DANIEL U		1.2 N/				– v	_
NAME	GATTO, DANIEL H		1		ADDRESS			
STREET ADDRESS					1			-
CITY-ST-ZIP				TY-ST TLE	1-2117		☐ Change	Addition
TITLE	VPU —			AME			_ •	_
NAME	VELASQUEZ, JOHN				ADDRESS			
STREET ADDRESS	3601 NE 170TH STREET			ــــــــــــــــــــــــــــــــــــــ				
CITY-ST-ZIP TITLE	NORTH MIAMI BEACH FL			2. 4 CITY-ST-ZIP 3.1 TITLE			Change	Addition
			3.2 N/				. – -	_
NAME			1	_	ADDRESS			ļ
STREET ADDRESS			•	TY-S				
TITLE	<u></u>	DELETE	4.1 TI				☐ Change	☐ Addition
NAME		_	4. 2 N					
STREET ADDRESS					ADDRESS			ĺ
CITY-ST-ZIP				TY-S1				1
TITLE		☐ DELETE	5.1 17				☐ Change	☐ Addition
NAME		_	5.2 N					
STREET ADDRESS			5.3 ST	TREET	ADDRESS			1
CITY-ST-ZIP			5.4 CI	TY-S1	r-zip			
TITLE		☐ DELETE	6.1 TI	TLE			Change	☐ Addition
NAME			6.2 N	AME				ļ
STREET ADDRESS			6.3 \$1	TREET	ADDRESS			ļ

14. I 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, with all other like empowered.

6.4 CITY-ST-ZiP

SIGNATURE;

CITY-ST-ZIP