## 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

DOCUMENT # P96000086719 (7)

**BELL HOLDINGS INT'L CORPORATION** 

**FILED** Jan 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				T TO DISCOUT THE IDEAL BUILD BUILD BOTH OBJUT OBJUT SOUND BUILD BOTH STORE STORE THE STORE STORE STORE
2900 BRIDGEPORT AVENUE 2900 BRIDGEPORT AVENUE SUITE 200 SUITE 200 MIAMI FL 33133 MIAMI FL 33133			Ĭ.	DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
			<del></del>	10/21/1996
— . · .	Place of Business	2a. Mailing Address	معاشده الأهماء	4. FEI Number Applied For
	BRICKELL BAY DRIV		L BAY DRIVE	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27 1510				5. Certificate of Status Desired S8.75 Additional Fee Required
	IRMI, FL		FLORDA	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	<sup>Zip</sup> 33(3)	Country	8. This corporation owes or has paid the current year Intangible
24 53	131 25		0	Personal Property Tax due June 30. Yes No
				10. Name and Address of New Registered Agent
RODRIGUEZ, JORGE A C.P.A.				ANDRO KUEZI
7721 SW 62ND AVENUE			82 Street Addr	ress (P.O. Box Number is Not Acceptable)
	SUITE 201			Brickell bay Drive
SOUTH MIAMI FL 33143			83	<b>+</b> (G10
			0.00	
				144(1 ( FC. FL   33/3)
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 jamiliar with, and accept the option of Section 607.0505, Florida Statutes.				
SIGNATURE OCCUPY Companied nerve of regulated agent and bille if agraphed to (NOTE Hogistered Agent soft-ture required when reinstating)  DATE  OCCUPY OF TWO SIGNATURE OF THE S				
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addilion
NAME	NEWELL, KLONDA		1.2 NAME	
STREET ADDRESS	12010 SW 94TH STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	21 TITLE	PRESIDENT L'Change Addition
NAME			22 NAME	EANDRO KLEIN
STREET ADDRESS			2.3 STREET ADDRESS	PRESIDENT Change Addition Change Addition CANDRO KLEIN # 1510
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	HIRMI, PL. DSID!
TITLE		☐ DELET <b>E</b>	3.1 TITLE	Change L Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	3.4 CITY-ST-ZIP	
TITLE		☐ DELETÉ	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
\$TREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		Percit	4.4 CITY-ST-ZIP	
TITLE		[_] DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	5.4 CITY - ST - 7IP	[ ] (A
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	portific that the information constitution	with this filling does not availe for the	6.4 CITY-ST-ZIP	Section 110 07/2Vi) Florida Statutos Liberthor continuthat that the information

request very that the information supplied with this hing 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 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.