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May 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000102435 (0)

1. Corporation Name

BELLO & GARDNER, INC.

Principal Place of Business

2100 PONCE DELEON BLVD.  
#1050  
CORAL GABLES FL 33134

Mailing Address

2100 PONCE DELEON BLVD.  
#1050  
CORAL GABLES FL 33134-5215

3. Date Incorporated or Qualified

12/18/1996

3a. Date of Last Report

2. Principal Place of Business

21 12271 SW 106 ST

2a. Mailing Address

26 12271 SW 106 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Miami FL

Zip

24 33186

Country

25 USA

City & State

28 Miami FL

Zip

29 33186

Country

30 USA

9. Name and Address of Current Registered Agent

EDWARDS, THOMAS A  
7821 CORAL WAY  
#117  
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

NAME ~~Thomas A. Bello~~

STREET ADDRESS ~~7821 Coral Way~~

CITY-ST-ZIP ~~Miami FL 33155~~

TITLE NAME ☐ DELETE

NAME Frank Gardner

STREET ADDRESS Secretary

CITY-ST-ZIP 2100 Ponce de Leon

Coral Gables, FL 33134

TITLE NAME ☐ DELETE

NAME Thomas Bello

STREET ADDRESS President

CITY-ST-ZIP 12271 SW 106 St

Miami FL 33186

TITLE NAME ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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; 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.

SIGNATURE

Thomas A. Bello

CR2E034 (9/96)