

~~SECOND NOTICE CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998~~  
~~AMOUNT DUE ON REINSTATEMENT \$250 IF DISSOLVED. MINIMUM AMOUNT DUE TO REINSTATE \$750.~~

AMENDED PROFIT CORPORATION ANNUAL REPORT <b>1998</b> \$61.25	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000035008  
1. Corporation Name

BELAIRE, AUTO EXPORT & SALES, INC.

Principal Place of Business 4719 SE 6 AVE CAPE CORAL, FL 33904	Mailing Address 4719 SE 6 AVE CAPE CORAL, FL 33904
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NOVEL  
AND  
FILED  
98 DEC 11 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 650743001 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent FELIX A. POZO 17625 NE. 8CT. NORTH MIAMI BEACH FLORIDA 33162.				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 *Felix A. Pozo* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PRESIDENT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTA CRUZ		1.2 NAME	FELIX POZO			
STREET ADDRESS	929 E. CAPE CORAL PARKWAY		1.3 STREET ADDRESS	17625 NE 8th COURT			
CITY-ST-ZIP	CAPE CORAL, FL 33904		1.4 CITY-ST-ZIP	N.M. BCH, FL 33162	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE	2.1 TITLE	SEC/TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FELIX POZO		2.2 NAME	RAMON CRUZ			
STREET ADDRESS	929 E. CAPE CORAL PARKWAY		2.3 STREET ADDRESS	929 E. CAPE CORAL PARKWAY			
CITY-ST-ZIP	CAPE CORAL, FL 33904	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	CAPE CORAL, FL 33904	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	SEC/TREASURER		3.1 TITLE				
NAME	RAMON CRUZ		3.2 NAME				
STREET ADDRESS	929 E. CAPE CORAL PARKWAY		3.3 STREET ADDRESS				
CITY-ST-ZIP	CAPE CORAL, FL 33904	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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.

SIGNATURE: *Felix A. Pozo* FELIX POZO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/98 325-785-0025  
Date Daytime Phone #

CR2E034 (5/98)