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

PROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P97000042922

FILED May 14 1998 8:00am Secretary of State

Bell-	Air Marketing & A	dvertising,	INC.		
12640	se of Business  8.W. 37 Terrace , FLORIDA 33175	Mailing Address			
MINMI	, FLORIDA 331/3			DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified 05-14-97	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
	O_S.W. 8th Street			65-0752053	Not Applicable
Suite, Apt.	• = -	Suito, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 SUIT		27			Fee Required
City & Stat		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
33184	25 U.S.A.	29	30	Personal Property Tax due June 30.	Yes No
	Name and Address of Current	Registered Agent		10. Name and Address of New Registers	d Agent
JOHN.	ANTHONY OLIVA		81 Name		
- 4 <b>4 4 4 5 5 1 1 1 1 1 1 1 1 1 1</b>				dress (P.O. Box Number is Not Acceptable)	
MIAMI, FLORIDA 33175			ou bot rick	areas (F.O. Box Harrison is Hot Necoplatio)	
	, 110x1011 33173		83		
			84 City		85 Zip Code
			O4 City	F	Zip Code
office or lagent. La	registered agent, or both, in the State of am familiar with, and accept the obligat Signature, typed or printed manife of registered agent.	ions of, Section 607.0505, F	authorized by the corpora lorida Statutes.  IE: Registered Agent signature requ	ation's board of directors. I hereby accept the a	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	President	☐ DELETE	1.1 TUTLE	ADDITIONS/OTTAINED TO OTT ICENS A	Change Addition
NAME	John Anthony Oli	va _	1.2 NAME		
STREET ADDRESS	12640 S.W. 37 Te		1.3 STREET ADDRESS		
CITY-ST-ZIP	Miami Florida 33		1.4 CITY - ST - ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS	1		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. C(TY - ST - 7(P		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		/
CITY-ST-ZIP		Director.	4.4 CITY-ST-ZIP		1
TITLE	<b>\</b>	☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		W/S//4
STREET ADDRESS			5.3 STREET ADDRESS	7/	1/91
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Ghange Addition
TITLE		□ nere(e	6.1 TITLE 6.2 NAME	9000025270	
NAME PARCET ARROYCE				9000025270 -05/18/9801053	7007
STREET ADDRESS			6.3 STREET ADDRESS	***1 <b>50.0</b> 0	
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. Thereby 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 suppliemental 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 trustne empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with the address.