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Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90008 046 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000077078

1. Corporation Name
BELMONT LEASING CORP.



Principal Place of Business
1036 SOUTH MIAMI AVENUE
MIAMI FL 33130

Mailing Address
151 MAJORCA AVENUE
SUITE C
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1036 SOUTH MIAMI AVE

2a. Mailing Address
26 2121 POCE DE LEON BLVD.

3. Date Incorporated or Qualified
09/05/1997

4. FEI Number
65-0780447

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27 SUITE 240

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State
23 MIAMI, FL

City & State
28 CORAL GABLES, FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip Country
24 33130 USA

Zip Country
29 33134 USA

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

PRATS, GABRIEL
151 MAJORCA AVENUE #C
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name GABRIEL PRATS
82 Street Address (P.O. Box Number is Not Acceptable) 2121 PONCE DE LEON BLVD. # 240
83
84 City CORAL GABLES, FL 85 Zip Code 33134

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	CARVALHO, JOSE B	
STREET ADDRESS	1036 SOUTH MIAMI AVENUE	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARVALHO, SUSAN P	
STREET ADDRESS	1036 SOUTH MIAMI AVENUE	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RIBEIRO, EDSON M	
STREET ADDRESS	1036 SOUTH MIAMI AVENUE	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RIBEIRO, FERNANDO D	
STREET ADDRESS	1036 SOUTH MIAMI AVENUE	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RIBEIRO, RAFAEL D	
STREET ADDRESS	1036 SOUTH MIAMI AVENUE	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D, P, C.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CARVALHO, JOSE BRAULIO	
1.3 STREET ADDRESS	1036 SOUTH MIAMI AVENUE	
1.4 CITY-ST-ZIP	MIAMI, FL 33130	
2.1 TITLE	D, S.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CARVALHO, SUSAN P.	
2.3 STREET ADDRESS	1036 SOUTH MIAMI AVENUE	
2.4 CITY-ST-ZIP	MIAMI, FL 33130	
3.1 TITLE	D, T.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RIBEIRO, EDSON M.	
3.3 STREET ADDRESS	1036 SOUTH MIAMI AVENUE	
3.4 CITY-ST-ZIP	MIAMI, FL 33130	
4.1 TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RIBEIRO, FERNANDO D.	
4.3 STREET ADDRESS	1036 SOUTH MIAMI AVENUE	
4.4 CITY-ST-ZIP	MIAMI, FL 33130.	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09 09 99

Date

Daytime Phone #

CR2E034 (1/98)