

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90011 002 \*\*\*150.00

DOCUMENT # **P98000001233** ✓

1. Corporation Name

**BELAIRE INTERNATIONAL CORPORATION**

548184 - 90011 - 2

Principal Place of Business

**18695 COLLINS AVENUE SUITE 137  
N. MIAMI BEACH, FLORIDA 33160**

Mailing Address

**18695 COLLINS AVENUE SUITE 137  
N. MIAMI BEACH, FLORIDA 33160**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**JAN. 6<sup>th</sup>, 1998**

2. Principal Place of Business

**260 CRANDON BLVD.**

Suite, Apt. #, etc.

**SUITE 32-391**

City & State

**KEY BISCAYNE, FLORIDA**

Zip

**33149**

Country

**USA**

2a. Mailing Address

**260 CRANDON BLVD.**

Suite, Apt. #, etc.

**SUITE 32-391**

City & State

**KEY BISCAYNE, FLORIDA**

Zip

**33149**

Country

**USA**

4. FEI Number

**65-080333**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CHARLES VISCITO  
18695 COLLINS AVENUE SUITE 137  
N. MIAMI BEACH, FLORIDA 33160**

10. Name and Address of New Registered Agent

81 Name

**CHARLES VISCITO**

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

**260 CRANDON BLVD.**

83

**SUITE 32-391**

84 City

**KEY BISCAYNE**

**FL**

85 Zip Code

**33149**

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

**Charles Viscito**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/18/99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ 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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

**Charles Viscito**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/99**

Date

**(305)361-7087**

Daytime Phone #

CR2E034 (11/98)