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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000049003

BELCAO, INC.

FILED Apr 29, 1999 8:00 am Secretary of State

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04-29-1999 90297 015 ***150.00



Mailing Address Principal Place of Business 825 LAKESHORE BLVD 825 LAKESHORE BLVD KISSIMMEE FL 34744 KISSIMMEE FL 34744 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 05/29/1998 A FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-3526935 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5, Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State = ----Added to Fees Trust Fund Contribution 23 28 Country This corporation owes the current year Intangible Zlp Zio Country X Yes Personal Property Tax. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 MAZZARO, GIANNINO Street Address (P.O. Box Number is Not Acceptable) 82 825 LAKESHORE BLVD KISSIMMEE FL 34744 83 84 City FL 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 apprict ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change □ DELETE 11TH F ππ ¢ **CR2E034** MAZZARO GIANNINOR. 12 NAME NAME 825 LAKESHORE BLVD, 1.3 STREET ADDRESS STREET ADDRESS KISSIMHEE, FL 34744 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADORESS 2.4 CITY-ST-ZP CITY-ST-ZIP ☐ Addition [] Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 61 YITLE TITLE 8.2 NAME NAME

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3XI). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental english from 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.

5.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

APRIL 21, 99

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