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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

BELLAM	AR TILE & PAINT, INC.	Mailing Address  522 E. 40TH \$T HALEAH FL 33013-2335					
US		US			3. Date Incorporated or Qualified	3a. Date of Last R	leport
2. Principal F	Place of Business	28. Mailing Address			02/21/1991 4. FEI Number	07/15/1996	antined Fac
1 26					65-0245610		oplied For ot Applicable
Suite, Apt. #, etc Suite, Apt. #, etc					6. Certificate of Status Desired	□ \$8.75 <i>/</i>	
22         27           City & State         City & State						Fee Re	
23		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Ζιρ <b>24</b>	Country 25	Zip 29	Countr 30	y .	This corporation has liability for in Florida Statutes	<del></del>	
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Regi	stered Agent	
522	onso, carlos e. E. 40th street		81		dress (P.O. Box Number is Not Acceptable	<b>)</b>	
HIAL	EAH FL 33013		83				
			84	ļ <u>.</u>			
				1		FL	Code
agent I a SIGNATURE	Signatur participation of the street of the				poration submits this statement for the put ation's board of directors. I hereby accept ulred when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE	
TiTLE	DPS ALFONSO, CARLOS E.	DELETE	1.1 TITLE			☐ Change	Addition
NAME STREET ADDRESS	522 E. 40TH STREET		1.2 NAME	T ADDRESS			
CHY-S1-7P	HIALEAH FL		1.4 CITY-				
THE		☐ DELETE	2 1 TITLE			☐ Change	Addition
NAME			22 NAME	-			,
CHY-ST-7F				TADDRESS			
100		DELETE	2 4 CITY- 31 TITLE	21-2P		☐ Change	Addition
NAME			32 NAME			-	
STREET ADDRESS			3 3 STREE	T ADDRESS			
CHY ST ZO:		DELETE	3.4. CITY - 4.1 TITLE	ST-ZIP		Change	Addition
NAME		<u> </u>	4.1 MILE 4.2 NAME			L.J Unavige	Radilloil
STREET ADDRESS	(		1	T ADDRESS			
CHY-ST 70			4.4 CiTY-	ST-ZIP			
THLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME CROSS & About the Co.			5 2 NAME				
STREET ADDRESS				T ADDRESS			
OTY SEZIE TOTAL		DELETE	5.4 CITY - 6.1 TITLE	or-ZiP		Change	Addition
NAME		<b>_</b>	6.2 NAME				
STREE! ALRUHESS				T ADDRESS	·	7	
CHY-ST-ZIF			6.4 CITY -	ST-ZIP		ge <sup>of</sup>	
<ol> <li>I do herel informat (</li> </ol>	by certify that the information support indicated on this annual report	blied with this filling does not qua Disupplemental annual report is	lify for the exe true and acc	emption state urate and tha	d in Section 119.07(3)(i), Florida Statutes' at my signature shall have the same legal of	I further certify that	the der oath: that

**SIGNATURE:** 

**FILED** 

Apr 11 1997 8:00am

Secretary of State