FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V33283 (5)

1. Corporation Name

BELMONT OF AMERICA, INC.

Principal Place of Business: 1001 S BAYSHORE DR, SUITE 2410, MIAMI FL 33131

Mailing Address: 1001 S BAYSHORE DR, SUITE 2410, MIAMI FL 33131

3. Date Incorporated or Qualified: 04/30/1992
3a. Date of Last Report: 02/14/1995
4. FEI Number: 65-0390655 — [ ] 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 has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business
21 | Suite, Apt. #, etc.
22 | City & State
23 | Zip
24 | County
25 |

2a. Mailing Address
26 | 1001 S. Bayshore Dr
Suite, Apt. #, etc.
27 | Suite # 1910
City & State
28 | Miami, FL
Zip
29 | 33131
County
30 | USA

9. Name and Address of Current Registered Agent

CASTRO, CARLOS ALBERTO
1001 S BAYSHORE DR
SUITE 2410
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 | Name
82 | Street Address (P.O. Box Number is Not Acceptable)
83 |
84 | City — FL — 85 | Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	PSD	[ ] DELETE
NAME	PINHEIRO, NELSON N.	
STREET ADDRESS	1001 S BAYSHORE LOBBY	
CITY-ST-ZIP	MIAMI FL	
TITLE	M	[ ] DELETE
NAME	PINHEIRO, MARCIA PONTE	
STREET ADDRESS	1001 S. BAYSHORE DRIVE #1912	
CITY-ST-ZIP	MIAMI FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 / 1-2 NAME / 1-3 STREET ADDRESS / 1-4 CITY-ST-ZIP		[ ] Change [ ] Addition
2-1 TITLE / 2-2 NAME / 2-3 STREET ADDRESS / 2-4 CITY-ST-ZIP		[ ] Change [ ] Addition
3-1 TITLE / 3-2 NAME / 3-3 STREET ADDRESS / 3-4 CITY-ST-ZIP		[ ] Change [ ] Addition
4-1 TITLE / 4-2 NAME / 4-3 STREET ADDRESS / 4-4 CITY-ST-ZIP		[ ] Change [ ] Addition
5-1 TITLE / 5-2 NAME / 5-3 STREET ADDRESS / 5-4 CITY-ST-ZIP		[ ] Change [ ] Addition
6-1 TITLE / 6-2 NAME / 6-3 STREET ADDRESS / 6-4 CITY-ST-ZIP		[ ] Change [ ] Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: [signature] 3/13/96 (305)5778991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #