

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

FILED

**Jan 14 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 632122 (8)

1. Corporation Name
BETA RESOURCES, INC.



Principal Place of Business 8520 SW 83 ST. MIAMI FL 33143	Mailing Address 8520 SW 83 ST. MIAMI FL 33143-6669
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3. Date Incorporated or Qualified 08/07/1979	3a. Date of Last Report 03/14/1996
4. FEI Number 59-1928524	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**JUNKER, CHRISTA
8520 SW 83 ST.
MIAMI FL 33143**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	JUNKER, CHRISTA	
STREET ADDRESS	8520 SW 83 ST.	
CITY - ST - ZIP	MIAMI FL	
TITLE	SO	<input checked="" type="checkbox"/> DELETE
NAME	RUSSO, LAURAL	
STREET ADDRESS	4675 PONCE DE LEON BLVD.	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JASPERSEN, MANFRED	
STREET ADDRESS	775 PARK AVE. SUITE NR.	
CITY - ST - ZIP	HUNTINGTON NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JUNKER, CHRISTA	
1.3 STREET ADDRESS	8520 SW 83 ST	
1.4 CITY - ST - ZIP	MIAMI FL 33143	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JASPERSEN, KARSTEN	
2.3 STREET ADDRESS	LURUPER CHAUSSEE 126	
2.4 CITY - ST - ZIP	22761 HAMBURG - GRMANY	
3.1 TITLE	ST/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JASPERSEN, MANFRED	
3.3 STREET ADDRESS	775 PARK AVE, SUITE NR 345	
3.4 CITY - ST - ZIP	HUNTINGTON, NY	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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 do 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.

SIGNATURE: *Christa Junker* **CHRISTA JUNKER 1/6/97 305-2741122**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)