

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

FILED

Jan 14 1997 8:00am

Secretary of State

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

1. Corporation Name  
**BETA RESOURCES, INC.**



Principal Place of Business <b>8520 SW 83 ST. MIAMI FL 33143</b>	Mailing Address <b>8520 SW 83 ST. MIAMI FL 33143-6869</b>
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3. Date Incorporated or Qualified <b>08/07/1979</b>	3a. Date of Last Report <b>03/14/1996</b>
4. FEI Number <b>59-1928524</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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9. Name and Address of Current Registered Agent <b>JUNKER, CHRISTA 8520 SW 83 ST. MIAMI FL 33143</b>
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10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JUNKER, CHRISTA</b>		1.2 NAME <b>JUNKER, CHRISTA</b>	
STREET ADDRESS <b>8520 SW 83 ST.</b>		1.3 STREET ADDRESS <b>8520 SW 83 ST</b>	
CITY - ST - ZIP <b>MIAMI FL</b>		1.4 CITY - ST - ZIP <b>MIAMI FL 33143</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>V/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>RUSSO, LAURAL</b>		2.2 NAME <b>JASPERSEN, KARSTEN</b>	
STREET ADDRESS <b>4675 PONCE DE LEON BLVD.</b>		2.3 STREET ADDRESS <b>LURUPER CHAUSSEE 126</b>	
CITY - ST - ZIP <b>CORAL GABLES FL</b>		2.4 CITY - ST - ZIP <b>22 T61 HAMBURG - GERMANY</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>ST/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JASPERSEN, MANFRED</b>		3.2 NAME <b>JASPERSEN, MANFRED</b>	
STREET ADDRESS <b>775 PARK AVE. SUITE NR.</b>		3.3 STREET ADDRESS <b>775 PARK AVE, SUITE NR 345</b>	
CITY - ST - ZIP <b>HUNTINGTON NY</b>		3.4 CITY - ST - ZIP <b>HUNTINGTON, NY</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)