

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

0147497

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000070969**

1. Corporation Name
BETHEL USA CORP.

Principal Place of Business
**384 S.W. 161ST AVENUE
PEMBROKE PINES FL 33027**

Mailing Address
**384 S.W. 161ST AVENUE
PEMBROKE PINES FL 33027**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26
22 2665 S. BAYSHORE DR.	27 2665 S. BAYSHORE DR.
23 City & State	28 City & State
MIAMI, FL	MIAMI, FL
24 Zip	29 Zip
33133	33133
25 Country	30 Country

9. Name and Address of Current Registered Agent
**FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132**

81 Name **WORLD CORPORATE SERVICES INC.**
82 Street Address (P.O. Box Number is Not Acceptable)
2665 SOUTH BAYSHORE DRIVE
83 **SUITE 203**
84 City **MIAMI** FL FS Zip Code **33133**

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 *[Signature]* **VICE-PRESIDENT** DATE **5/18/99**

12. OFFICERS AND DIRECTORS

TITLE	D	[] DELETE
NAME	LOLETT, CARLOS M	
STREET ADDRESS	384 S.W. 161ST AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	D	[] DELETE
NAME	DE LOLETT, MARIA B	
STREET ADDRESS	384 S.W. 161ST AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
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

11 TITLE	P/D	[] Change [] Addition
12 NAME		
13 STREET ADDRESS	100002892601--1	
14 CITY-ST-ZIP	-06/02/99--01054--010	
21 TITLE	V/D	[] Change [] Addition
22 NAME		
23 STREET ADDRESS	100002892601--1	
24 CITY-ST-ZIP	-06/02/99--01054--009	
31 TITLE		[] Change [] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[] Change [] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[] Change [] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[] Change [] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* **DIRECTOR** DATE: **5/18/99** FILE NO: **954-436-9682**

CR2E034 (11/98)

FILED
99 MAY 19 PM 1:14
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

[Handwritten mark]