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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 632122 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

FILED Jan 22, 1999 8:00am Secretary of State

01-22-1999 90005 049 ***150.00



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed 08/07/1979		
					4. FEI Number	Appl	tied For
Principal Pla	ace of Business .	2a. Mailing Address			59-1928524	<u> </u>	Applicable
1		26			39"1920324	\$8.75 Ad	Iditional
Suite, Apt. #, etc.					5. Certificate of Status Desired	Fee Req	l I
27							
City & State City & State					6. Election Campaign Financing	\$5.00 M Added to	,
23		28			Trust Fund Contribution		rees
Zip				/	8. This corporation owes the current year Inta	ngible	∃No
25 29 30			o		reisonal Froperty Tax		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	gent	
		-	81	Name			
JUNKER, CHRISTA				Street Add	dress (P.O. Box Number is Not Acceptable)		
8520 SW 83 ST.				Oll det Mac	31000 (F.O. BOX (10100)		N 47. 164 9 5
	N FL 33143		83			77.13.4	분하는 등
					a second	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
			84	City	FL	85 Zip C	ode
<u>حم</u> ے اور جاری	-		45		and the number of control of the number of control of the number of control of the number of the num	hanging its r	egistered
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes of Florida, Such change was aut	i, the abov horized by	re-named cor r the comporat	poration submits this statement for the purpose of cition's board of directors. I hereby accept the appoin	tment as reg	istered
office of re	egistered agent, or both, in the State on familiar with, and accept the obligati	ons of, Section 607.0505, Florid	la Statute:	S.			1
-	, , , , , , , , , , , , , , , , , , , ,						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	tegistered Age	nt signature requi	ired when reinstating) DATE	O DIDECTOR	2C (N. 12
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN		Addition
TITLE	PD	☐ DELETE	1.1 TITLE		•	☐ Change	☐ Addition
NAME	JUNKER, CHRISTA		1.2 NAME		•		
	8520 SW 83 ST.		1.3 STREE	ET ADDRESS			
STREET ADDRESS	**** - · · · · - · ·		1,4 CITY-1	ST-2IP			
CITY-ST-ZIP		PL 33143 DELETE 2.1TI		-		Change	☐ Addition
TITLE	VD		2.2 NAME	İ	·		
NAME	JASPERSEN, KARSTEN						
STREET ADDRESS	LURUPER CHAUSSEE 125			ET ADDRESS			
CITY-ST-ZIP	I/MIDORG, GERMINATI		2.4 CITY-	-		Change	Addition
TITLE	STD DELETE 3.1 T		3.1 TITLE				_
NAME	JASPERSEN, MANFRED		3.2 NAME				
STREET ADDRESS	775ARK AVE., SUITE NR 345		3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	HUNTINGTON NY		3.4. CITY-	-ST-ZiP	· .		
TITLE		☐ DELETË	4.1 TITLE		— ; ;···	: Change	: Addition
			4. 2 NAMI	E			
NAME			1	ET ADDRESS			
STREET ADDRESS			4.4 CITY-				
CITY-ST-ZIP		□ DELETE	5.1 TITLE			Change	☐ Addition
TITLE			5.2 NAME	1			
NAME							
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	**-		5.4 CITY-			Change	Addition
TITLE		☐ DELETE	6.1 TITLE	ľ	•	☐ change	
NAME	# 1		6.2 NAME	•			
STREET ADORESS			6.3 STRE	ET ADDRESS			Ì
_			6.4 CITY-	ST-ZIP			
CITY-ST-ZIP	certify that the information supplied wi	th this filing does not qualify for	the exemp	ption stated in	n Section 119.07(3)(i), Florida Statutes. I further cer	tify that the in	nformation

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

CHRISTAINUNKER PURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

308-214-112 Daytime Phone #