

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

FILED
Mar 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 194057 (6)

1. Corporation Name
BETAL CORP

Principal Place of Business 423-30TH ST MIAMI BCH FL 33140	Mailing Address 423-30TH ST MIAMI BCH FL 33140
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/22/1956	
21 Suite, Apt. #, etc	22 City & State	23 Zip	24 Country	25 Suite, Apt. #, etc	26 City & State
27 Zip	28 Country	29 Zip	30 Country	4. FEI Number 59-0727073	Applied For Not Applicable
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

g. Name and Address of Current Registered Agent

**PODVIN, AL
 423 30TH ST
 MIAMI BEACH FL 33140**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PODVIN, AL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PODVIN, AL	1.2 NAME	
STREET ADDRESS	423-30TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	TD PODVIN, ERMA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PODVIN, ERMA	2.2 NAME	
STREET ADDRESS	423-30TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		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		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 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: *Erma Podvin* *Al Podvin* 01/14/98 (305) 534 4810

CFR2E034 (10/97)