

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Merham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 327010 (5)

1. Corporation Name
BET-AIR INC



Principal Place of Business: 9000 N.W. 15TH STREET MIAMI FL 33172
Mailing Address: 9000 N.W. 15TH STREET MIAMI FL 33172

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/29/1968	3a. Date of Last Report 02/03/1995
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 59-1323326	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HALL, TERRENCE
9000 N W 15TH STR
MIAMI, FLA
33172

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code
	FL

11. Pursuant to the provisions of Sections 607.0507 and 607.1349, 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 607.035, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME	TITLE	STREET ADDRESS	CITY, ST, ZIP	DELETE
P SPITZER, EDIE		9000 N.W. 15TH ST	MIAMI FL	<input type="checkbox"/>
V AVERSA, RUBEN		9000 N.W. 15TH ST	MIAMI FL	<input type="checkbox"/>
S HALL, TERRENCE		9000 N.W. 15TH ST	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY, ST, ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY, ST, ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
31. TITLE	32. NAME	33. STREET ADDRESS	34. CITY, ST, ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
41. TITLE	42. NAME	43. STREET ADDRESS	44. CITY, ST, ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
51. TITLE	52. NAME	53. STREET ADDRESS	54. CITY, ST, ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
61. TITLE	62. NAME	63. STREET ADDRESS	64. CITY, ST, ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 officer or business authorized 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: *RUBEN AVERSA* JAN 22/96 592-0646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)