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Apr 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 733029 (3)

1. Corporation Name

BET BREIRA, INC.

Principal Place of Business	Mailing Address
9400 SW 87 AVENUE MIAMI FL 33176	9400 SW 87 AVENUE MIAMI FL 33176-2408 US

3. Date Incorporated or Qualified: 06/10/1975	**3a.** Date of Last Report: 02/20/1996
4. FEI Number: 59-1629361	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No tax exempt	

2. Principal Place of Business	**2a.** Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent	**10. Name and Address of New Registered Agent**
SLOTO, JAMES 9400 S.W. 87TH AVENUE MIAMI FL 33176	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~VD~~	☒ DELETE	1.1 TITLE	S/D	☐ Change ☒ Addition
NAME	~~MITTELBERG, AMY~~		1.2 NAME	[redacted] AGRON, JEFFREY	
STREET ADDRESS	~~9400 SW 87 AVE~~		1.3 STREET ADDRESS	9400 S.W. 87 AVE.	
CITY-ST-ZIP	~~MIAMI, FL 00000~~		1.4 CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	~~VD~~	☒ DELETE	2.1 TITLE	P/D	☐ Change ☒ Addition
NAME	~~KANE, MONTE~~		2.2 NAME	[redacted] SLOTO, JAMES	
STREET ADDRESS	~~9400 SW 87 AVE~~		2.3 STREET ADDRESS	9400 S.W. 87 AVE.	
CITY-ST-ZIP	~~MIAMI, FL 00000~~		2.4 CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CHARLES, DAVID J		3.2 NAME		
STREET ADDRESS	9400 SW 87TH AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		3.4 CITY-ST-ZIP		
TITLE	~~PD~~	☒ DELETE	4.1 TITLE	V/D	☒ Change ☐ Addition
NAME	~~LOWE, JOSEPH~~		4.2 NAME	LOWE, JOSEPH	
STREET ADDRESS	~~9400 SW 87TH AVE~~		4.3 STREET ADDRESS	9400 SW 87 AVE	
CITY-ST-ZIP	~~MIAMI FL~~		4.4 CITY-ST-ZIP	MIAMI, FL 33176	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] JEFFREY P. AGRON S/D 2/22/97 305-662-3840