

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 FEB -7 AM 9:39

1. Name of Limited Partnership	1a. DOCUMENT # A31868
BETA FINANCE, LTD.	



Mailing Address 780 NW 42ND AVENUE SUITE 324 MIAMI FL 33126		Principal Office Address 780 NW 42ND AVENUE SUITE 324 MIAMI FL 33126		3. Date Formed or Registered 08/12/1991	5a. Capital Contributions as Shown on record \$10,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 11/09/1995	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 65-0262697	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country		Zip Country		7. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)					

9. Name and Address of Current Registered Agent MONTERO, MICHAEL C., ESQ. 780 N.W. 42ND AVENUE SUITE 312 MIAMI FL 33126	10. If changed, new Registered Agent/Office Name CARLOS S. MONTERO Street Address (P.O. Box Number Is Not Acceptable) 780 NW 42 Ave., Ste #324 Suite, Apt. #, etc. 324 City MIAMI Zip Code FL 33126
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) *[Signature]*

DATE **02/03/97**

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
OC CLAIMS SERVICES, INC.	780 N.W. 42ND AVENUE,	MIAMI FL 33126	V01017 <i>al</i> 2-11 200002084932--7 -02/12/97--01029--005 ****217.50 ****217.50

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

DATE

02/03/97

Typed or Printed Name of General Partner Signing Form

CARLOS S. MONTERO

Daytime Telephone Number

(305) 442-1978

CR2E003 (6/96)