

1-14-97 B-0112-C

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

FILED

Jan 14 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F30463 (6)

1. Corporation Name  
BETANCOURT, CASTELLON ASSOCIATES, INC.

Principal Place of Business

7355 S.W. 87TH AVE.  
MIAMI FL 33173  
US

Mailing Address

7355 S.W. 87TH AVE.  
MIAMI FL 33173-3565  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/22/1981

3a. Date of Last Report

01/24/1996

4. FEI Number

59-2099895

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

BETANCOURT, RAMIRO A  
7355 S.W. 87 AVENUE  
SUITE 100  
MIAMI FL 33173

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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME BETANCOURT, RAMIRO  
STREET ADDRESS 6811 S.W. 98TH ST.  
CITY- ST- ZIP MIAMI, FL 0☐ DELETETITLE DST  
NAME CASTELLON, ALBERT.  
STREET ADDRESS 9400 SW 100TH ST.  
CITY- ST- ZIP MIAMI FL☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP☐ Change☐ Addition2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP☐ Change☐ Addition3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP☐ Change☐ Addition4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP☐ Change☐ Addition5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP☐ Change☐ Addition6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP☐ Change☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this form, or on an amendment with an address.

SIGNATURE: ALBERT CASTELLON, V/S/T  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1-3-97 (305)598-2932  
Date Daytime Phone

CR2E034 (9/96)