

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L92711** (5)

1. Corporation Name
BETA TECHNOLOGIES, INC.

Principal Place of Business
**20851 SONETA DR.
BOCA RATON FL 33433**

Mailing Address
**20851 SONETA DR.
BOCA RATON FL 33433**

APPROVED
AND
FILED

MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/31/1990	3a. Date of Last Report 08/18/1994
21. Suite Apt # etc.	22. City & State	26. Suite Apt # etc.	27. City & State	4. FEI Number 65-0247574	Applied For Not Applicable
24. State	25. County	29. State	30. County	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
YAZDANBAKHSH, KHASHAYAR 20851 SONETA DR. BOCA RATON FL 33433				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0102 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 607.0104 Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent) _____ (Signature of Corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAZDANBAKHSH, KHASHAYAR	1. NAME	
STREET ADDRESS	20851 SONETA DR.	1.3 STREET ADDRESS	
CITY & ZIP	BOCA RATON FL	1.4 CITY & ZIP	
TITLE		2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY & ZIP		2.4 CITY & ZIP	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY & ZIP		3.4 CITY & ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY & ZIP		4.4 CITY & ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY & ZIP		5.4 CITY & ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY & ZIP		6.4 CITY & ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or periodic report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the trustee 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 report, or on a separate sheet with an address.

SIGNATURE: *[Signature]* **K YAZDANBAKHSH** **5/8/95** **305-420-0162**
(Signature of Director) (Name) (Date) (Phone Number)