
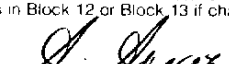


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 795000006179			
1. Corporation Name BUSINESS ETCETERA INSTITUTE OF TECHNOLOGY, INC OR "BE-IT, INC."			
Principal Place of Business 4355 W 16th Ave #207 Hialeah, FL 33012 (305)267-6707		Mailing Address Same	
2. Principal Place of Business 21 4355 W 16th Ave Suite, Apt. #, etc. 22 207 City & State 23 HIALEAH, FL Zip 24 33012		2a. Mailing Address 25 4355 W 16th Ave Suite, Apt. #, etc. 26 207 City & State 27 Hialeah, FL Zip 28 33012 Country 29 DADE 30 Date	
3. Date Incorporated or Qualified January 11, 1995		3a. Date of Last Report N/A	
4. FEI Number # 65-0550756		Applied For Not Applicable	
5. Certificate of Status Desired X		\$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 X Yes □ No			
9. Name and Address of Current Registered Agent JOEL SUAREZ 4355 W 16th Ave #207 Hialeah, FL 33012		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 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 CHAIRMAN/PRESIDENT/DIRECTOR <input type="checkbox"/> DELETE NAME S. SUAREZ STREET ADDRESS 18495 S. DIXIE HWY # 112 CITY-ST-ZIP MIAMI, FL 33157		11 TITLE TRUSTEE 12 NAME #13 13 STREET ADDRESS SOBIDA SCHOP 14 CITY-ST-ZIP 3510 SW 24th TERR MIAMI, FL 33145	
TITLE VICE-PRESIDENT/DIRECTOR <input type="checkbox"/> DELETE NAME JOEL SUAREZ STREET ADDRESS 18495 S DIXIE HWY # 112 CITY-ST-ZIP MIAMI, FL 33177		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	
14. I do 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)(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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		5/30/96 (305)267-6707 Date Daytime Phone #	

CR2E037 (3/96)