FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

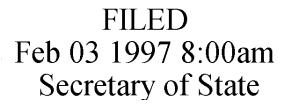
N95000000179 (0)

BUSINESS ETCETERA INSTITUTE OF TECHNOLOGY, INC. OR "BE-IT"

4355 W. 16TH AVE. SUITE 207 HIALEAH FL 33012	
SUITE 207	
HIALEAH FL 33012	

Principal Place of Business

Mailing Address





4355 W. 16TH AVE. SUITE 207 HIALEAH FL 33012		4355 W. 16TH AVE. Suite 207 Hialeah Fl 33012-7669		3. Date Incorporated or Qualified 01/11/1995	3a. Date of Last R 07/02/199			
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	AF	plied For		
21 10550	DAY 77 CT	26 105 50 N	WITTCT	65-0550756	No	ol Applicable		
Suite, Apt. #, etc. 22 # 3 (0		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State 23 H/AL		City & State 28 H/ALEAH	GARDENS	Election Campaign Financing Trust Fund Contribution	\$5.00 Added to			
Zip [24] FL	Country 25 33016	Zip 29 FL	Country 30 33016		Yes 💹 No	. 199.032,		
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Reg	Istered Agent			
1			81 Name	VILLAREAL				
SUAREZ, J 82 Street /				Address (P.O. Box Number is Not Acceptable)				
SUITE 20	SUITE 207							
HIALEAH	I FL 33012			LEAH GARDENS		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.								
agent. I am tarwittar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Statute, typed or printed name of logistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		RS IN 12		
TITLE	CPD	DELETE	1.1 TITLE	CPD	Change	Addition		
NAME	SUAREZ, S	,,	1.2 NAME	C, VILLAREAL	• • •	ľ		
STREET ADDRESS	18495 S DIXIE HWY #112		1.3 STREET ADDRESS	10550 NW 77 CT#319				
CITY-S1-ZIP	MIAMI FL 33157		1.4 CITY+ST-ZIP	HALEAH GARDENE, #1 39	016			
TITLE	VPD	DELETE	2.1 TITLE	VPD	Change	Addition		
NAME	SUAREZ, J		2.2 NAME	R. HERNANDEZ				
STREET ADDRESS	18495 S DIXIE HWY #112		2.3 STREET ADDRESS	18495 S. DIXIE HWY #112				
CiTY-ST-ZiP	HIALEAH FL 33012		2. 4 CITY-ST-ZIP	HAME MIANI, EL 93157				
TITLE	T	☐ DELETE	3.1 TITLE		Change	Addition		
NAME	SCHOP, SOBEIDA		3.2 NAME					
STREET ADDRESS	3510 SE 24 TERR		3.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33145	DELETE	3.4. CITY - ST - ZIP		Change	Addition		
TITLE		DECEIE	4.1 TITLE		L. Change	Addition		
NAMÉ			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS			[
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change	Addition		
NAME		<u> </u>	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		<u> </u>			
STREET ADDRESS			6.3 STREET ADDRESS			İ		
CITY-ST-ZIP			6.4 CITY-ST-ZIP			Í		
	ov certify that the information suppl	ied with this filing does not our		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 chapted, or on an attachment with an address.

SIGNATURE:

(35)267-6707