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Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000179 (0)

1. Corporation Name

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

Principal Place of Business

Mailing Address

4355 W. 16TH AVE.
SUITE 207
HIALEAH FL 330124355 W. 16TH AVE.
SUITE 207
HIALEAH FL 33012-76693. Date Incorporated or Qualified
01/11/19953a. Date of Last Report
07/02/1996

2. Principal Place of Business

2a. Mailing Address

21 10550 NW 77 CT

26 10550 NW 77 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 310

27 # 310

City & State

City & State

23 HIALEAH GARDENS

28 HIALEAH GARDENS

Zip

Country

Zip

Country

24 FL

25 33016

29 FL

30 33016

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUAREZ, J
4355 W. 16TH AVE.
SUITE 207
HIALEAH FL 33012

81 Name

C. VILLAREAL

82 Street Address (P.O. Box Number is Not Acceptable)

10550 NW 77 CT

83 # 313

84 City

HIALEAH GARDENS

FL

85 Zip Code

33016

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

1-9-97

DATE

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CPD	<input checked="" type="checkbox"/> DELETE
NAME	SUAREZ, S	
STREET ADDRESS	18495 S DIXIE HWY #112	
CITY - ST - ZIP	MIAMI FL 33157	

1.1 TITLE	CPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	C. VILLAREAL	
1.3 STREET ADDRESS	10550 NW 77 CT #313	
1.4 CITY - ST - ZIP	HIALEAH GARDENS, FL 33016	

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SUAREZ, J	
STREET ADDRESS	18495 S DIXIE HWY #112	
CITY - ST - ZIP	HIALEAH FL 33012	

2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	R. HERNANDEZ	
2.3 STREET ADDRESS	18495 S. DIXIE HWY #112	
2.4 CITY - ST - ZIP	MIAMI, FL 33157	

TITLE	T	<input type="checkbox"/> DELETE
NAME	SCHOP, SOBEIDA	
STREET ADDRESS	3510 SE 24 TERR	
CITY - ST - ZIP	MIAMI FL 33145	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 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

1-9-97 (305) 267-6707

Date

Daytime Phone # 0022025

CR2E037 (9/96)