

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1996/1999

DOCUMENT # N95000000179

1. Corporation Name

BUSINESS ETCETERA INSTITUTE OF TECHNOLOGY, INC./BE-IT

Principal Place of Business

Mailing Address

2750 W 68 ST #229
HIALEAH, FL 33012

2750 W 68 ST #229
HIALEAH, FL 33012

2. Principal Place of Business

2a. Mailing Address

21 2750 W 68 ST #229

26 2750 W 68 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 229

27 # 229

City & State

City & State

23 HIALEAH, FL

28 HIALEAH, FL

Zip

Country

Zip

Country

24 33012

25 USA

29 33016

30 USA

9. Name and Address of Current Registered Agent

C. VILLAREAL
10550 NW 77 CT
HIALEAH, FL 33016

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's signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CPD [] DELETE

NAME C. VILLAREAL

STREET ADDRESS 2750 W 68 ST #229

CITY-ST-ZIP HIALEAH, FL 33016

TITLE VPD [] DELETE

NAME R. HERNANDEZ

STREET ADDRESS 2750 W 68 ST #229

CITY-ST-ZIP HIALEAH, FL 33016

TITLE T [] DELETE

NAME SCHOP, SOBEIDA

STREET ADDRESS 2750 W 68 ST #229

CITY-ST-ZIP HIALEAH, FL 33016

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

[] Change [] Addition

[] Change [] Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/99 (305) 558-3359

Date

Daytime Phone #

APPROVED
AND
FILED
99 MAR 29 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500002823035--2
-03/30/99--01028--001
****122.50 ****122.50

3. Date Incorporated or Qualified

1/11/95

4. FEI Number

65-0550756

Applied For
Not Applicable

5. Certificate of Status Desired

[X]

\$8.75 Additional
Fee Required

6. Election Campaign Financing

[]

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

CR2E037 (1/98)