

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000042896 (9)**

1. Corporation Name

BETANCOURT FLORIDA CORP.

Principal Place of Business

**12202 NORTH 22ND ST.
APARTMENT 812
TAMPA FL 33612**

Mailing Address

**12202 NORTH 22ND ST.
APARTMENT 812
TAMPA FL 33612**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/11/1993	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 1035 TAMPA BAY CENTER	2a. Mailing Address 26 1035 TAMPA BAY CENTER
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State 23 TAMPA FL	27 City & State 28 TAMPA FL
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Zip

Country

Zip

Country

24 33607	25 HILLSBOROUGH	29 33607	30 HILLSBOROUGH
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONDON, RICHARD P
214C BULLARD PARKWAY
TEMPLE TERRACE FL 33617-5512**

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 607.0502 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 607.0505, 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	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATENCOURT, ROBERT SR.	1.2 NAME	
STREET ADDRESS	BVONNEVILLE GARDENS, ST. 6, K8	1.3 STREET ADDRESS	
CITY - ST - ZIP	CAGUAS PR	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETENCOURT, ROBERT J	2.2 NAME	
STREET ADDRESS	12202 N. 22ND ST., APT 812	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETANCOURT, SALLY	3.2 NAME	
STREET ADDRESS	BONNEVILLE GARDENS, ST. 6, K8	3.3 STREET ADDRESS	
CITY - ST - ZIP	CAGUAS PR	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETANCOURT, DEBORAH L.	4.2 NAME	
STREET ADDRESS	12202 N. 22ND ST., APT. 812	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *[Signature]* 7/30/97 813-348-
VICE PRESIDENT

CR2E034 (4/97)