

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000000633

1. Entity Name
BETHEL LAND, INC.



Principal Place of Business
**30125 S. DIXIE HWY
HOMESTEAD, FL 33033**

Mailing Address
**30125 S. DIXIE HWY
HOMESTEAD, FL 33033**



04232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0458647** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**GONZALEZ, ENRIQUE III
C/O VALDES-FAULI, COBB, BISCHOFF ET AL
ONE BISCAYNE TOWER, 2 S. BISCAYNE BLVD.
MIAMI, FL 33131**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GUTIERREZ, JUAN F
STREET ADDRESS	8210 S.W. 28 ST.
CITY- ST- ZIP	MIAMI, FL 33155
TITLE	DV
NAME	FERNANDEZ, EUSTAQUIO R
STREET ADDRESS	8210 S.W. 28 ST.
CITY- ST- ZIP	MIAMI, FL 33155
TITLE	DS
NAME	MALAGUN, GIRALDA
STREET ADDRESS	8210 S.W. 28 ST.
CITY- ST- ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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05/04/04-80094-004 158.75

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 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

JUAN F. GUTIERREZ

4-19-04 305-323-1330

Date

Daytime Phone #