SECOND NISTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT FLORIDA DEPARTMENT OF STATE FILED CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 99 SEP 27 AM 9: 32 1999 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLANASSEE, FLORIDA DOCUMENT # P94000002981 BEETREE, INC. Principal Place of Business Mailing Address 6890 NORTH ST. ANDREWS DRIVE 6890 NORTH ST. ANDREWS DRIVE MIAMI FL 33015 MIAMI FL 33015 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/12/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0461982 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5,00 May 8e 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees 28 Country Country Zıp 8. This corporation owes the current year 25 29 Intangible Personal Property. ☐ No 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name RODRIGUEZ, BEATRIZ E. 82 Street Address (P.O. Box Number is Not Acceptable) 6890 N. ST. ANDREWS DRIVE **MIAMI FL 33015** 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. TITLE 1.1 TITLE DELETE Change Addition RODRIGUEZ, BEATRIZ E NAME 12 NAME 6890 NORTH ST. ANDREWS DRIVE 1.3 STREET ADDRESS STREET ADDRESS. **MIAMI FL 33015** 1.4 CITY-ST-ZIP CITY-ST-ZiP DELETE TITLE 2.1 TITLE Change Addition 2.2 NAME NAME 70003005867---4 -10/05/99--01073--009 ****550.00 *****550.00 STREET ADDRESS 2.3 STREET ADDRESS OITY-ST-ZIP 2 4 CITY-ST-ZIP THE DELETE 3 1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS 3 4 CITY-ST-ZIP CITY-S1-2IP 4.1 TITLE TITLE DELETE Change Addition 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-2:P 5.1 TITLE TITLE DELETE Change Addition NAME 5.2 NAME 5.3 STREET ADORESS STREET ADDRESS CITY-S1-ZiP 5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

City-ST-ZIE

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 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 among 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 on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE Date

D

DELETE

(305) 933-2303

Change Addition

CR2E034