## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

STREET ADDRESS

Block 12 or Block 13 if changed, or

SIGNATURE: ,

CITY-ST-ZIP

May 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #**- Corporation Name P94000035141 (8) BETA INTERNATIONAL, INC. Principal Place of Business Mailing Address ROOP NAV BETH ST 8022 NW 68TH ST MIAMI FL 33168 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/10/1994 2. Principal Place of Business 2a. Mailing Address Applied For 8423 NW 685T 8423 NW 685T 65-0491198 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be -LORIDA MIAMI MIAMI Trust Fund Contribution 23 Added to Fees Country 8. This corporation owes or has paid the current year Intangible DADE DADE 24 33166 25 29 33166 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** HERNANDEZ, JOSE A , JOSE A HERNANDEZ 8022 N.W. 66 ST Street Address (P.O. Box Number is Not Acceptable 8423 NW 6857 82 **MIAMI FL 33166** 83 84 Zip Code MIAMI 33/66 Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered both on the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered by the corporation of Section 607.0505, Florida Statutes. Pursuant to the provisions of office or registered agent or agent. I am familiar with, and -6-98 SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE PVPT-D HERNANDEZ, JOSE 8423 NW 685T HERNANDEZ, JOSE NAME 1.2 NAME CR2E034 8022 NW 66TH ST STREET ADDRÉSS 1.3 STREET ADDRESS FL 33/66 MIAM! FL 33166 CITY - ST - ZIP 1.4 CITY+ST-ZIP DELETE TITLE 2.1 TITLE Change Addition 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5 2 NAME **53 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Addition DELETE TITLE 6.1 TITLE Change 6.2 NAME NAME

**6.3 STREET ADDRESS** 

1-6-98

(305)544-9550

6.4 CITY - ST - ZIP 14. I hereby certify that the information supplied with his 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 suppliemental 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 coepar or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED