SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 JUL 19 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200001545762
-07/25/95--01097--025
****225.00 ****225.00

DOCUMENT # P94000037283

1. Corporate Name

Beta Capital Management, Inc.

Principal Place of Business / Mailing Address

6100 San Vicente
Coral Gables, Florida 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Qualified: May 18, 1994
3a. Date of Last Report: May 18, 1994

2. Principal Place of Business
21 same
22 Suite, Apt. #, etc.
23 City, State
24 Zip
25 County

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City, State
29 Zip
30 County

4. FEI Number: 65 0590962 — Applied For / Not Applicable

5. Certificate of Status Desired: [X] $8.75 Additional Fee Required

6. Fee for Certified Copy: [ ] $5.00 May Be Added to Fees

8. Has corporation been liable for corporate tax under s. 220.13, Florida Statutes? [ ] Yes [X] No

9. Name and Address of Current Registered Agent

Alvaro Castillo, Esq.
1533 Sunset Drive, Suite 201
Coral GAbles, FLorida 33143

10. Name and Address of New Registered Agent

81 Name: same
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL
85 Zip Code

11. Pursuant to the provisions of Section 607.0501 and 607.0505, Florida Statutes, the undersigned 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 and state that I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title: Director
Name: Maria Castillo
Address: 6100 San Vicente
City, St: Coral Gables, Florida 33146

Title: Director
Name: Maria E. Healy
Address: 6100 San Vicente
City, St: Coral Gables, FLorida 33146

Title: Director
Name: Alvaro Castillo
Address: 6100 San Vicente
City, St: Coral Gables, FLorida 33146

Title: Director
Name: Deepak Chowdhurry
Address: 6100 San Vicente
City, St: Coral GAbles, FLorida 33146

13. ADDITIONAL OFFICERS AND DIRECTORS

Title: President/Director [X] Change [ ] Add
Name: Maria Castillo
Address: 6100 San Vicente
City, St: Coral Gables, Florida 33146

Title: Treasurer/Secretary/Director [X] Change [ ] Add
Name: Maria E. Healy
Address: 6100 San Vicente
City, St: Coral Gables, FLorida 33146

[ ] Change [ ] Add

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[ ] Change [ ] Add

[ ] Change [ ] Add

[ ] Change [ ] Add

CR2E034 (3/95)

T.S. 7/19/95

14. I hereby certify that the information supplied with this report, to the best of my knowledge, is true and correct. I further certify that the corporation has filed its annual report for corporation income tax purposes, or has filed a copy of that tax, separately stating the amount of franchise tax due under Chapter 607, Florida Statutes. I further certify that I am familiar with and accept the obligations of section 607.0505, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director.

SIGNATURE: [signature] 7/03/95 (305) 7896156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR