

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

FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000052117 (6)**

1. Corporation Name

BETTY EXIM, INC.



Principal Place of Business

Mailing Address

777 NW 72ND AVE
~~11111~~
MIAMI FL 33126
US

777 NW 72ND AVE
~~11111~~
MIAMI FL 33126
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 777 NW 72 Ave.	26 777 NW 72 Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 1CC40	27 1CC40
City & State	City & State
23 Miami FL	28 Miami FL
Zip	Zip
24 33126	29 33126
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified

07/11/1994

4. FEI Number

65-0503858

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAZOE, BETTY
777 NW 72ND AVE
~~11111~~ **1CC40**
MIAMI FL 33126

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAZOE, MARIA DEL CARM	1.2 NAME	
STREET ADDRESS	9421 FOUNTAINBLUE BOULEVARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	1.4 CITY-ST-ZIP	
TITLE	VSTD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAZOE, BETTY	2.2 NAME	
STREET ADDRESS	9427 FOUNTAINBLUE BOULEVARD	2.3 STREET ADDRESS	8350 SW 85 TERR
CITY-ST-ZIP	MIAMI FL 33172	2.4 CITY-ST-ZIP	Miami FL 33143
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOKO C. TAZOE	3.2 NAME	Yoko C. Tazoe
STREET ADDRESS		3.3 STREET ADDRESS	8350 SW 85 TERR.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami FL 33143
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 on an attachment with an address.

SIGNATURE **B. H. P. Tazoe**

CR2E034 (10/97)