

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000023058 (7)

1. Corporation Name

BETA EXPORTS INC.



Principal Place of Business

8805 S.W. 154 TERRACE  
MIAMI FL 33157

Mailing Address

8805 S.W. 154 TERRACE  
MIAMI FL 33157

3. Date Incorporated or Qualified

03/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

26 2645 muscatello St

Apt. #, etc.

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 193.032  
Florida Statutes ☐ Yes ☐ No

City & State

City & State

23 Orlando, Florida

28 Orlando, Florida

Zip Country

Zip Country

24 32837

29 32837

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MONZON-SOLTREN, LESLIE  
4176 WEST CORSAIR AVENUE  
KISSIMMEE FL 34741

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2645 muscatello St

83

84 City

Orlando

FL

85 Zip Code

32837

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 then applicable

Date Registered Agent signed and when it was filed

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BAUDREXEL, ENRIQUE  
STREET ADDRESS 8805 S.W. 154 TERRACE  
CITY-ST-ZIP MIAMI FL 33157

TITLE D ☐ DELETE

NAME MAZARIEGOS, CARLOS  
STREET ADDRESS 8805 S.W. 154 TERRACE  
CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

12 NAME Monterrosa, Roberto  
13 STREET ADDRESS 2645 muscatello St  
14 CITY-ST-ZIP Orlando, FL 32837

2.1 TITLE D ☐ Change ☒ Addition

22 NAME Quezada, Hector  
23 STREET ADDRESS 2645 muscatello St  
24 CITY-ST-ZIP Orlando, FL 32837

3.1 TITLE D ☐ Change ☒ Addition

32 NAME Leslie Monzon-Soltren  
33 STREET ADDRESS 2645 muscatello St  
34 CITY-ST-ZIP Orlando, FL 32837

4.1 TITLE D ☒ Change ☐ Addition

42 NAME Baudrexel, Enrique  
43 STREET ADDRESS 2645 muscatello St  
44 CITY-ST-ZIP Orlando, FL 32837

5.1 TITLE D ☒ Change ☐ Addition

52 NAME Mazariegos, Carlos  
53 STREET ADDRESS 2645 muscatello St  
54 CITY-ST-ZIP Orlando, FL 32837

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Leslie Monzon-Soltren April 29, 1996 407-856-7482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number

CR2E034 (12/95)