

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000026712 (6)

1. Corporation Name

BETMAR CARE SERVICES INC.



Principal Place of Business

~~5975 S.W. 8TH ST., SUITE 202
MIAMI FL 33144~~

Mailing Address

~~5975 S.W. 8TH ST., SUITE 202
MIAMI FL 33144~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/04/1995

4. FEI Number

65-0569143

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

2. Principal Place of Business

21 7500 SW 8TH ST.

Suite, Apt. #, etc.

22 104A

City & State

23 MIAMI FL

Zip

24 33144

Country

25 U.S.A.

2a. Mailing Address

26 7500 SW 8TH ST.

Suite, Apt. #, etc.

27 104A

City & State

28 MIAMI

Zip

29 33144

Country

30 U.S.A.

b. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name Madeline A. Sopo.

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

7500 SW 8TH ST

83

84 City MIAMI

FL 85 Zip Code

33144

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 Madeline A. Sopo (pres) Madeline A. Sopo 07-27-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME RAMIREZ, MARTA I
STREET ADDRESS 5975 S.W. 8TH ST., SUITE 202
CITY-ST-ZIP MIAMI FL 33144

TITLE ☐ DELETE

NAME President
Madeline A. Sopo
STREET ADDRESS 9265 SW 90ST
CITY-ST-ZIP MIAMI - FL 33176

TITLE ☐ DELETE

NAME President
Roberto Campos
STREET ADDRESS 6541 SW 18TH ST
CITY-ST-ZIP MIAMI - FL 33155

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 Madeline A. Sopo 07-27-98

CR2E034 (5/98)