

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000026712** ✓

1. Corporation Name

BETMAR CARE SERVICES INC.

Principal Place of Business

7500 SW 8TH ST
104A
MIAMI FL 33144
US

Mailing Address

7500 SW 8TH ST
104A
MIAMI FL 33144
US

2. Principal Place of Business

21 1901 NW 17th Ave.

Suite, Apt. #, etc.

22 112

City & State

23 Miami, Florida

Zip

24 33125

Country

25 US

2a. Mailing Address

26 1901 NW 17th Ave.

Suite, Apt. #, etc.

27 112

City & State

28 Miami, Florida

Zip

29 33125

Country

30 US

9. Name and Address of Current Registered Agent

SOPO, MADELAINE A
7500 SW 8TH ST
MIAMI FL 33144

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 the current year
Intangible Personal Property.

Yes No

10. Name and Address of New Registered Agent

81 Name

Madelaine A. Sopo

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

1901 NW 17th Avenue

83

Suite 112

84 City

Miami

FL

85 Zip Code

33125

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 *Madelaine A. Sopo / Madelaine A. Sopo*

7/7/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME SOPO, MADELAINE A
STREET ADDRESS 9265 SW 90 ST
CITY-ST-ZIP MIAMI FL 33176

DELETE

TITLE VP
NAME CAMPOS, ROBERTO
STREET ADDRESS 6541 SW 18 TERR
CITY-ST-ZIP MIAMI FL 33155

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P, V, S
1.2 NAME Madelaine A. Sopo
1.3 STREET ADDRESS 9265 SW 90th St.
1.4 CITY-ST-ZIP Miami, FL. 33176

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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: *Madelaine A. Sopo / Madelaine A. Sopo* 7/7/99 305-260-0050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 16, 1999 8:00 am
Secretary of State

07-16-1999 90010 014 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/99)