

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000036476 (6)

1. Corporation Name

BETON DEVELOPMENT CORP.

Principal Place of Business

7904 WEST DRIVE
UNIT 1010
NORTH BAY VILLAGE FL 33141

Mailing Address

7904 WEST DRIVE
UNIT 1010
NORTH BAY VILLAGE FL 33141

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

g. Name and Address of Current Registered Agent

DE SOUZA, ARTUR MARANHÃO
7904 WEST DRIVE
UNIT 1010
N BAY VILLAGE FL 33141

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 of the person who is authorized to sign this report

Signature of the person who is authorized to sign this report

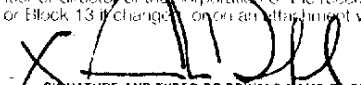
Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	D	12.1 NAME	DA COSTA TENORIO, JOAO	13.1 TITLE		13.1 NAME	
12.2 STREET ADDRESS	RUA ARISTEU DE ANDRADE 40 APT. 1201	12.2 STREET ADDRESS	MACEIRO ALAGOAS BRAZIL	13.2 STREET ADDRESS		13.2 STREET ADDRESS	
12.3 CITY-STATE-ZIP	D	12.3 CITY-STATE-ZIP	MARANHAO, ROMERO C	13.3 CITY-STATE-ZIP		13.3 CITY-STATE-ZIP	
12.4 TITLE	D	12.4 TITLE	AV. BOA VIAGEM 2784, APT. 801	13.4 TITLE		13.4 TITLE	
12.5 NAME	D	12.5 NAME	RECIFE PE BRAZIL	13.5 NAME		13.5 NAME	
12.6 STREET ADDRESS	D	12.6 STREET ADDRESS	FIQUEIREDO, CORDELIA M	13.6 STREET ADDRESS		13.6 STREET ADDRESS	
12.7 CITY-STATE-ZIP	D	12.7 CITY-STATE-ZIP	RUA DOS NAVEGANTES 1203, APT. 101	13.7 CITY-STATE-ZIP		13.7 CITY-STATE-ZIP	
12.8 TITLE	D	12.8 TITLE	RECIFE PE BRAZIL	13.8 TITLE		13.8 TITLE	
12.9 NAME		12.9 NAME		13.9 NAME		13.9 NAME	
12.10 STREET ADDRESS		12.10 STREET ADDRESS		13.10 STREET ADDRESS		13.10 STREET ADDRESS	
12.11 CITY-STATE-ZIP		12.11 CITY-STATE-ZIP		13.11 CITY-STATE-ZIP		13.11 CITY-STATE-ZIP	
12.12 TITLE		12.12 TITLE		13.12 TITLE		13.12 TITLE	
12.13 NAME		12.13 NAME		13.13 NAME		13.13 NAME	
12.14 STREET ADDRESS		12.14 STREET ADDRESS		13.14 STREET ADDRESS		13.14 STREET ADDRESS	
12.15 CITY-STATE-ZIP		12.15 CITY-STATE-ZIP		13.15 CITY-STATE-ZIP		13.15 CITY-STATE-ZIP	
12.16 TITLE		12.16 TITLE		13.16 TITLE		13.16 TITLE	
12.17 NAME		12.17 NAME		13.17 NAME		13.17 NAME	
12.18 STREET ADDRESS		12.18 STREET ADDRESS		13.18 STREET ADDRESS		13.18 STREET ADDRESS	
12.19 CITY-STATE-ZIP		12.19 CITY-STATE-ZIP		13.19 CITY-STATE-ZIP		13.19 CITY-STATE-ZIP	
12.20 TITLE		12.20 TITLE		13.20 TITLE		13.20 TITLE	
12.21 NAME		12.21 NAME		13.21 NAME		13.21 NAME	
12.22 STREET ADDRESS		12.22 STREET ADDRESS		13.22 STREET ADDRESS		13.22 STREET ADDRESS	
12.23 CITY-STATE-ZIP		12.23 CITY-STATE-ZIP		13.23 CITY-STATE-ZIP		13.23 CITY-STATE-ZIP	
12.24 TITLE		12.24 TITLE		13.24 TITLE		13.24 TITLE	
12.25 NAME		12.25 NAME		13.25 NAME		13.25 NAME	
12.26 STREET ADDRESS		12.26 STREET ADDRESS		13.26 STREET ADDRESS		13.26 STREET ADDRESS	
12.27 CITY-STATE-ZIP		12.27 CITY-STATE-ZIP		13.27 CITY-STATE-ZIP		13.27 CITY-STATE-ZIP	
12.28 TITLE		12.28 TITLE		13.28 TITLE		13.28 TITLE	
12.29 NAME		12.29 NAME		13.29 NAME		13.29 NAME	
12.30 STREET ADDRESS		12.30 STREET ADDRESS		13.30 STREET ADDRESS		13.30 STREET ADDRESS	
12.31 CITY-STATE-ZIP		12.31 CITY-STATE-ZIP		13.31 CITY-STATE-ZIP		13.31 CITY-STATE-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)(g), 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 register or trustee empowered to execute this report as required by Chapter 637, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 08, 96 (305) 751-5326
Date Filed Office Phone

CR2E034 (12/95)