

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

FILED

Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000047013 (4)

1. Corporation Name
B.E.T. TOURS, CORP.

Principal Place of Business
13701 KENDALL DRIVE, SUITE 300
MIAMI FL 33186

Mailing Address
13701 KENDALL DRIVE, SUITE 300
MIAMI FL 33186-1308



3. Date Incorporated or Qualified 06/16/1995
3a. Date of Last Report 11/08/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 14124 SW 77 ST.		65-6179045		Not Applicable	
22 City & State		27		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Zip		28 MIAMI FL		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 Country		29 33186		30 XA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
						Yes No	

9. Name and Address of Current Registered Agent

FRASCARELLI, MARTA
14378 SW 98 TERR
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City
84 City
FL 85 Zip Code 33183

11. Pursuant to the provisions of Sections 607.0502 and 607.1500, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, to 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 *Marta C. Frascarelli* (NOTE: Registered Agent signature required when reinstating) DATE Jan 17/97

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	FRASCARELLI, MARTA	1.2 NAME	
STREET ADDRESS	14378 SW 98 TERR	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33186	1.4 CITY - ST - ZIP	
TITLE	PS	2.1 TITLE	
NAME	FRASCARELLI, LUIS E	2.2 NAME	
STREET ADDRESS	14378 SW 98 TERR	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33186	2.4 CITY - ST - ZIP	
TITLE	DT	3.1 TITLE	
NAME	FELICE, HORACIO D	3.2 NAME	
STREET ADDRESS	14341 SW 98 TERR	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33186	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 an 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 *Sandra B. Mortham* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Jan 14-97 DAYTIME PHONE 305-385-2400

CR2E034 (9/96)