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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 19 1998 8:00am

Secretary of State

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DOCUMENT # 1. Corporation Name P95000047013 (4)

B.E.T. TOURS, CORP.

CITY-ST-ZIP

Principal Place of Business			Mailing Address	Mailing Address			I (ADDINATE UP INIOL DIVIN NOVI EDIXI NOVI NOVI NOVI NOVI NOVI NOVI VENE VILL NOVI
13701 KENDALL ORIVE. SUITE 300 MIAMI FL 33186			14124 SW 77 ST. Miami FL 33183 US	MIAMI FL 33183			DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified
_	Dringing! Dt	and of Puninger	2a. Mailing Address	·, -, ·			06/16/1995 4. FEI Number Applied For
2. Principal Place of Business			├ η σ	26			65-6179045 Not Applicable
			Suite, Apt. #, etc.				SR 75 Additional
22	- Table 1						5. Certificate of Status Desired Fee Required
	City & State City & State						6. Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution Added to Fees
<u> </u>	Zip	Country	Zip	30	intry		8. This corporation owes or has paid the current year Injurgible Personal Property Tax due June 30. Yes No
24		25 9. Name and Address of Cu	rrent Registered Agent	30]	г		10. Name and Address of New Registered Agent
0.1						Name	
FRASCARELLI, MARTA 14124 SW 77 ST.					82	Daniel And	desce (D.O. Day Mumbay la Not Acceptable)
MIAMI FL 33183				52	Street Auc	dress (P.O. Box Number is Not Acceptable)	
					83		
					84	City	FL 85 Zip Code
<u></u>	Control of the contro						
11. Pursuant to the provision Statement for the purpose of changing its registered office or registered agon, or both, in the State of Flerida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, am family with and accept the obligations of Section 607.0505, Fleriga Statutes.							
agent Jem familiar with and accept the obligations of Section 607.0505, Florida Statutes.							
SIGNATURE STATE AND STATE OF THE STATE OF TH						ologia ni signature rece	cuked when reinslating) DATE
12			S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TIT		PD	DELFTE	1.1 79	TLE	<u></u>	☐ Change ☐ Addition
NA.	ME	FRASCARELLI, MARTA	•	1.2 N	AME		1/2/ //
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TIT	LE	PS	DELETE	2.1 1	TLE		Change Addition
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CII	Y-ST-ZIP	MIAMI FL 33186				T - ZIP	
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l 9i	REET ADDRESS			0.50	THE	ADDITEGO	

6.4 CITY - ST - ZIP

14. Thereby 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 received or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on appointment with an address.