## FILE NOW: FILING FEE AFTER MAY 1 IS \$5.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTME OF STATE

Sandra B. Mcham

Secretary of late
DIVISION OF CORP RATIONS

DOCUMENT # P9500069696 (9)

BETLIFE INC.

FILED Feb 19 1997 8:00am Secretary of State



22 270 C City & State City & State G. Election Campaign Financing \$5	Applied For Not Applicable .75 Additional se Required 5.00 May Be dded to Fees
MAMI FL 33173  MAMI FL 33183-2601  3. Date Incorporated or Qualified O9/07/1995  2. Principal Place of Business 3. Date Incorporated or Qualified O9/05/19 4. FEI Number 65-0606754  5. Certificate of Status Desired 5. Certificate of Status Desired 5. Figure Status Desired 5. Principal Place of Business 5. Certificate of Status Desired 5. Principal Place of Business 5. Certificate of Status Desired 5. Principal Place of Business 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing 7. Trust Fund Contribution 7. Principal Place of Business 8. This corporation has liability for interpible tax unity of Principal Place of Status Desired 8. This corporation has liability for interpible tax unity of Principal Place of Status Desired 8. This corporation has liability for interpible tax unity of Principal Place of Status Desired 8. Figure Statu	Applied For Not Applicable .75 Additional se Required 5.00 May Be dded to Fees
2. Principal Place of Business 3. FEI Number 4. FEI Number 65-0606754  5. Certificate of Status Desired Fig. Status Place of Sta	Applied For Not Applicable .75 Additional se Required 5.00 May Be dded to Fees
2. Principal Place of Business 2. Mailing Address 2. 13550 Sw 887 2. Suite, Apt #, etc. 2. 270 C 2. City & State 2. City & State 2. April	Applied For Not Applicable .75 Additional see Required 5.00 May Be dded to Fees
Suite, Apt. #, etc.  22 270 C  City & State  City & State  City & State  And And And And Address of Current Registered Agent  MARTINEZ, PEDRO  14200 SW 18 STREET  MAMI FL 33175  Suite, Apt. #, etc.	.75 Additional se Required 5.00 May Be dded to Fees
27 27 0 C City & State City & State  City & State  City & State  City & State  City & State  City & State  City & State  City & State  City & State  Country  Zip Zip Zip Zip Zip Zip Zip Zip Zip Zi	ee Required  5.00 May Be dded to Fees
City & State  Trust Fund Contribution  State  Trust Fund Contribution  To Name and Address of New Registered Agent  No.  No.  10. Name and Address of New Registered Agent  Name  12. Street Address (P.O. Box Number is Not Acceptable)  82. Street Address (P.O. Box Number is Not Acceptable)  83. Street Address (P.O. Box Number is Not Acceptable)	5.00 May Be dded to Fees
MIAHI FLONDA 28 HIAMI FLONDA 30 Trust Fund Contribution DA Acceptable)  219 33186 20 S 29 33186 30 S Florida Statutes S S No. 10. Name and Address of New Registered Agent MARTINEZ, PEDRO 14200 SW 18 STREET MAMI FL 33175  8. This corporation has liability for intengible tax uniform the provided Statutes S S No. 10. Name and Address of New Registered Agent Name 14200 SW 18 STREET 82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)	dded to Fees
Zip 3 1 8 6 25 U S 29 3 3 1 8 6 30	
24 37 86 25 US 29 33 86 30 Florida Statutes Fyes No 9. Name and Address of Current Registered Agent  MARTINEZ, PEDRO 14200 SW 18 STREET  MIAMI FL 33175  81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City	MOI 6. 100.002.
9. Name and Address of Current Registered Agent  MARTINEZ, PEDRO  14200 SW 18 STREET  MIAMI FL 33175  10. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  83  84 City	
14200 SW 18 STREET MIAMI FL 33175  82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City	
MIAMI FL 33175	
83 B4 City les	
84 City les	
84 City E1 85	
	Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, thabove-named corporation submits this statement for the purpose of change office or registered agent or both, in the State of Florida. Such change was authored by the corporation's board of directors. I hereby accept the appointment agent I am familiar with, and accept the obligations of, Section 607.0506, Florida atutes.	
SIGNATURE Signature, typical or printed name of registered agent and talle if applicable (NOTE: Registed Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  1 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	CTORS IN 12
TITLE PD DELETE TITLE	ange Addition
NAME MARTINEZ, PEDRO NAME	
STREET ADDRESS 14200 SW 18 ST STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP TITLE VS DELETE #TITLE Che	anno Addition
TITLE VS  NAME MARTINEZ, RITA  DELETE SITTLE  200ME	ange L Addition
STREET ADDRESS 14200 SW 18 ST STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33175 2CITY-ST-ZIP	
TITLE DELETE STILE Che	ange Addition
NAME SYAME	
STREET ADDRESS STREET ADDRESS	
CITY-SI-ZIP 3CITY-SI-ZIP	·
TIFLE DELETE TITLE Cha	ange Addition
NAME PLANE	
STREET ADDRESS . GTREET ADDRESS	
CITY-SI-ZIP	ange Addition
NAME SIAME	with First Library
STREET ADDRESS 5TREET ADDRESS	
CITY-ST-7/P	
TITLE DELETE SITLE Cha	
NAME . SAME	ange Addition
STREET ADDRESS 6TREET ADDRESS	ange
City-SI-ZIP GITY-SI-ZIP	ange Addition

14. I do hereby certify that the information sepplied with this filling does not qualify for exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information indicated on this annual export or supplemental annual report is true afaccurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the emporation of the receiver or trustee empowered execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 12 or Block 12 or Block 13 or on an attachment with an address.

SIGNATURE

SIGNATURE AND JUPED OR PRINTED NAME OF SIGNING OFFICER OR DISTOR

2/14/97

(305) 383-3713