

FILE NOW: FILING FEE AFTER MAY 1 IS \$50.00

FILED

Feb 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000069696 (9)**

1. Corporation Name
BETLIFE INC.

Principal Place of Business
**6801 SW 117 AVE
MIAMI FL 33173**

Mailing Address
**6801 SW 117 AVE
MIAMI FL 33183-2801**



2. Principal Place of Business
21 **13550 SW 88th**

Suite, Apt. #, etc.
22 **270 C**

City & State
23 **MIAMI, FLORIDA**

Zip
24 **33186**

Country
25 **US**

9. Name and Address of Current Registered Agent

**MARTINEZ, PEDRO
14200 SW 18 STREET
MIAMI FL 33175**

2a. Mailing Address
26 **13550 SW 88th**

Suite, Apt. #, etc.
27 **270 C**

City & State
28 **MIAMI, FLORIDA**

Zip
29 **33186**

Country
30 **US**

3. Date Incorporated or Qualified
09/07/1995

3a. Date of Last Report
06/05/1996

4. FEI Number
65-0606754

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD MARTINEZ, PEDRO**
STREET ADDRESS **14200 SW 18 ST**
CITY - ST - ZIP **MIAMI FL 33175**

TITLE ☒ DELETE
NAME **VS MARTINEZ, RITA**
STREET ADDRESS **14200 SW 18 ST**
CITY - ST - ZIP **MIAMI FL 33175**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for 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 12a changed, or on an attachment with an address.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/97
Date

(305) 383-3713
Daytime Phone #

CR2E034 (9/96)