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May 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 # P96000095271 (8)

1. Corporation Name
BETATRON, INC.



Principal Place of Business

4094 NW 87 AVE.
SUNRISE FL 33351

Mailing Address

4094 NW 87 AVE.
SUNRISE FL 33351-8580

3. Date Incorporated or Qualified 11/21/1996
3a. Date of Last Report

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 25 Country 29 Country 30 Country

4. FEI Number 65-0725476
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

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

LAMONT, VALENTINA
4094 NW 87 AVE.
SUNRISE FL 33351

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	ARANGUREN, JOSE F	1.2 NAME	
STREET ADDRESS	4094 NW 87 AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33351	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	
NAME	SOCORRO, HELY S	2.2 NAME	
STREET ADDRESS	4094 NW 87 AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33351	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	
NAME	ARANGUREN, ARLENA	3.2 NAME	
STREET ADDRESS	4094 NW 87 AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33351	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	LAMONT, VALENTINA	4.2 NAME	
STREET ADDRESS	4094 NW 87 AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33351	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 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 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)