PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Apr 22, 1999 8:00 am Secretary of State 04-22-1999 90180 046 ***150.00 Secretary of State DIVISION OF CORPORATIONS 1999 **DOCUMENT#** P98000009413 1. Corporation Name BETIA, INC. Mailing Address Principal Place of Business % R. INFELD & ASSOC % R. INFELD & ASSOC 5801 BISCAYNE BLVD. 5801 BISCAYNE BLVD. DO NOT WRITE IN THIS SPACE MIAME FL 33137 MIAMI FL 33137 3. Date Incorporated or Qualifed 01/29/1998 2. Principal Place of Business 2a. Mailing Address Applied For 65-08154 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May 8e... 6: Election Campaign Financing Ξ. 28 Trust Fund Contribution Added to Fees 23 Country Zio Country Zio This corporation owes the current year Intangible 25 29 30 Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent PALINSKY FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 82 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132 $\nu\omega$ Zip Code 33/40FL 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE Aleksander zatulovsky 2819 NW 35th ST 12 MANE NAME ZATULOVKSY, ALEKSANDER STREET ADDRESS 5801 BISCAYNE BLVD. 1.3 STREET ADDRESS Liami FI. 33142 MIAMI FL 33137 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 21 TITLE TILE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CTTY-ST-ZIP CITY-ST-ZP DELETE Change ☐ Addition TILE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ___ Addition DELETE ☐ Chance 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TILE 52 NAME NAME STREET ADDRESS 53 STREET ACCRESS 5.4 CITY-ST-ZIP CITY-ST-ZE □ DELETE 6.1 TITLE Change ☐ Addition TIME NAME STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I 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 Sincer or director or the component or an attachment with an address, with all other like empowered.

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STALTO COURTED SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

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