

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 21, 1999 8:00 am**  
**Secretary of State**  
07-21-1999 90008 013 \*\*\*558.75

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000052771**  
1. Corporation Name  
**BETTYJOY TRADING, INC.**

Principal Place of Business <b>2025 N.W. 46TH AVENUE #C-204 LAUDERDALE HILL FL 33013</b>	Mailing Address <b>2025 N.W. 46TH AVENUE #C-204 LAUDERDALE HILL FL 33013</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 1400 NW 119th STREET</b>	2a. Mailing Address <b>26 1400 NW 119th STREET</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 MIAMI, FL</b>	City & State <b>28 MIAMI, FL</b>
Zip <b>24 33167</b>	Country <b>25 MIAMI-DADE</b>
Zip <b>29 33167</b>	Country <b>30 MIAMI-DADE</b>

3. Date Incorporated or Qualified <b>06/12/1998</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>650842380</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**OLAIGBE, OLA  
18441 N.W. 12ND AVENUE  
STE. #220  
MIAMI FL 33169**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>SIMMONS, JULIANAH O</b>	
STREET ADDRESS <b>2025 N.W. 46TH AVENUE</b>	
CITY-ST-ZIP <b>LAUDERDALE HILL FL 33013</b>	
TITLE <b>VST</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>SIMMONS, JULIANAH O</b>	
STREET ADDRESS <b>2025 N.W. 46TH AVENUE</b>	
CITY-ST-ZIP <b>LAUDERDALE HILL FL 33013</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS <b>1400 NW 119th STREET</b>	
1.4 CITY-ST-ZIP <b>MIAMI, FL 33167</b>	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>VP KETHINDE FABIYI</b>	
2.3 STREET ADDRESS <b>1400 NW 119th STREET</b>	
2.4 CITY-ST-ZIP <b>MIAMI, FL 33167</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **KETHINDE FABIYI** M/16/99. 305-687-8831

CR2E034 (5/99)