PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

. .. Katherine Harris

Secretary of State
DIVISION OF CORPORATIO: 13

1999 DOCUMENT # PORODO75064

FILED Apr 14, 1999 8:00 am Secretary of State

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BETTRA	, INC							
						# 1888/2014 ALD 1918A 70/11 COMM DEFIN AFIN	LUMAN AND MARI	Sill Bir ISFI
	•• -							LIIH 1071 1721
Principal Place	e of Business	Mailin	ng Address			i Williads 164 still iften billet einen auch mise	1 18861 SHILL SOLLA	
1036 N.W. 32NI	D PLACE	1036 /	N.W. 32ND PLACE		.*			
MIAMI FL 3312	•	MIAM	FL 33125		•	DO NOT WRITE IN THE	COACE	
						3. Date Incorporated or Qualifed	STACE	
	•				-	08/27/1998	•	}
District Disco of Districts			lelling Address			4. FEI Number - 0 010 0	<u> </u>	plied For
2. Principal Place of Business		1	<b>¬</b>				.w	t Applicable
Suite, Apt.	# atr	<u>∽  26 - ~</u> Su	uite, Apt. #, etc.			1 0 0 0	\$8.75 A	
	w, Gib.	27	,			5. Certificate of Status Desired	Fee Re	
22 City & Stat	ia		ity & State			8. Election Campaign Financing	\$5.00	May Be
23	···	28	<del></del>			Trust Fund Contribution	Added to	
Zip	Country	Zi	P	Count	try	8. This corporation owes the current year In		_ i
24	25	29	•	30		Personal Property Tax.		□No
	9. Name and Address of Curre	nt Register	ed Agent			10. Nama and Address of New Registered	Agent	
					Name			
	JILERA, BETTINA R			Į	2 Street Add	iress (P.O. Box Number is Not Acceptable)		
	8 N.W. 32ND PLACE			L				
, MIAN	MI FL 33125			18	33			
				18	4 City		85 Zip C	ode
	· ·					Fi	-	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.	1508, Florida Statut Such change was a	es, the abo uthorized t	ove-named control to	poration submits this statement for the purpose clon's board of directors. I hereby accept the appoint	intment as reg	gistered
011108 01 1	agistered again, or boar, in the chair					• • • • • • • • • • • • • • • • • • • •		
agent. I a	im tamiliar with, and accept the boligi	ations or, Se	ection 607.0505, Flo	rida Statut	<b>6\$</b> .			
agent I a SIGNATURE								<i> </i>
SIGNATURE	Signature, typed or primad name of registered age	ent and title if app	plicable. (NOTE	Registered A	es. geni signature require	ed when rematating) DATE		<i> </i>
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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, with all other like empowered.

SIGNATURE

3-26-99 (305)841-28