

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REREGISTER: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

***FILED**
SECRETARY OF STATE
DIVISION OF CORPORATIONS
 95 JUN -8 AM 10:35

DOCUMENT # G06794 (3)

1. Corporation Name
BENSON & AGUIRRE CORPORATION

Principal Place of Business	Mailing Address
2017 SOUTH OCEAN DRIVE #207 HALLANDALE FL 33009	2017 SOUTH OCEAN DRIVE #207 HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/02/1982	3a. Date of Last Report 09/23/1994
4. FEI Number 59-2228486	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	20	21	20
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27	22	27
City & State		City & State	
23	28	23	28
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent
FAIRMAN, PHILIP B.
2017 SOUTH OCEAN DRIVE #207
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ DATE _____
Signature, typed or printed name of registered agent and the # applicable (NOTE: Registered Agent signature required when ministerial)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIRMAN, PHILIP	1.2 NAME	
STREET ADDRESS	2017 SOUTH OCEAN DR #207	1.3 STREET ADDRESS	
CITY - ST - ZIP	HALLANDALE FL	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIRMAN, PHILIP	2.2 NAME	
STREET ADDRESS	2017 SOUTH OCEAN DR #207	2.3 STREET ADDRESS	
CITY - ST - ZIP	HALLANDALE FL	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Philip B. Fairman 5 JUNE 1995 305-458-7213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)
Philip B. Fairman

CR2E034 (3/95)