

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 19 PM 12:57

DOCUMENT # **K80263** (2)

1. Corporation Name

**J.M. BERENGUER AND ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

104 CRANDON BLVD  
SUITE 305  
KEY BISCAYNE FL 33149

104 CRANDON BLVD  
SUITE 305  
KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/14/1989** 3a. Date of Last Report **01/25/1994**

2. Principal Place of Business

2a. Mailing Address

21 **2801 PONCE DE LEON**

26 **2801 PONCE DE LEON**

4. FEI Number  
**65-0113936**

Applied For  
Not Applicable

22 **# 270**

27 **# 270**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 **CORAL GABLES**

28 **CORAL GABLES**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 **33134**

25 **DADE**

29 **33134**

30 **DADE**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERENGUER, JOSE M., III  
104 CRANDON BLVD  
KEY BISCAYNE FL 33149

B1 Name **JOSE M. BERENGUER III**  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3 **2801 PONCE DE LEON # 270**  
B4 City **CORAL GABLES** FL B5 Zip Code **33134**

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 the Applicant)

(B3), Registered Agent separate (see Section 607.0505)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	BERENGUER, JOSE M.
STREET ADDRESS	104 CRANDON BLVD 305
CITY-ST-ZIP	KEY BISCAYNE FL 33149
TITLE	S
NAME	BERENGUER, JOSE M., III
STREET ADDRESS	104 CRANDON BLVD
CITY-ST-ZIP	KEY BISCAYNE FL 33149
TITLE	T
NAME	BERENGUER, MARTA P.
STREET ADDRESS	104 CRANDON BLVD
CITY-ST-ZIP	KEY BISCAYNE FL 33149
TITLE	VP
NAME	BERENGUER, JUAN F.
STREET ADDRESS	104 CRANDON BLVD
CITY-ST-ZIP	KEY BISCAYNE FL 33149
TITLE	V
NAME	BERENGUER, REBECCA
STREET ADDRESS	104 CRANDON BLVD
CITY-ST-ZIP	KEY BISCAYNE FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	2801 PONCE DE LEON # 270
14 CITY-ST-ZIP	CORAL GABLES, FL. 33134
21 TITLE	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	2801 PONCE DE LEON # 270
24 CITY-ST-ZIP	CORAL GABLES, FL. 33134
31 TITLE	SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	2801 PONCE DE LEON # 270
34 CITY-ST-ZIP	CORAL GABLES, FL. 33134
41 TITLE	SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	2801 PONCE DE LEON # 270
44 CITY-ST-ZIP	CORAL GABLES, FL. 33134
51 TITLE	SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	2801 PONCE DE LEON # 270
54 CITY-ST-ZIP	CORAL GABLES, FL. 33134
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.11(2)(b), Florida Statutes. I further certify that the information included on the 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 of this report, or my appointment with an address.

SIGNATURE:

*Jose M. Berenguer*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR  
**JOSE M. BERENGUER**

1/16/95 444-6035  
DATE