

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N95000001807 (5)

1. Corporation Name  
**BETTER JUSTICE BUREAU, INC.**



Principal Place of Business: 6175 NW 153 STREET #230 MIAMI LAKES FL 33014  
Mailing Address: 6175 NW 153 STREET #230 MIAMI LAKES FL 33014

3. Date Incorporated or Qualified: 04/10/1995  
3a. Date of Last Report: N/A

2. Principal Place of Business: 21 6175 NW 153 ST. 22 #121 23 MIAMI LAKES, FL 24 33014  
2a. Mailing Address: 26 6175 NW 153 ST. 27 #121 28 MIAMI LAKES, FL 29 33014 30 USA

4. FEI Number: [ ] Applied For: [X] Not Applicable  
5. Certificate of Status Desired: [ ] \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: [ ] \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [X] No

9. Name and Address of Current Registered Agent  
**BENSON, MARK  
6175 NW 153 STREET #230  
MIAMI LAKES FL 33014**

10. Name and Address of New Registered Agent  
81 Name: BENSON, MARK  
82 Street Address (P.O. Box Number is Not Acceptable): 6175 NW 153 ST.  
83 #121  
84 City: MIAMI LAKES FL 85 Zip Code: 33014

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: N/A  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/> DELETE
NAME	DALMAU, RICHARD M	
STREET ADDRESS	7436 SW 17 AVENUE #219	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENSON, MARK	
STREET ADDRESS	6175 NW 153 STREET #230	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHANIN, HERMAN	
STREET ADDRESS	20450 NE 15 COURT	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FONSECA, TONY	
STREET ADDRESS	1844 NW 124 AVENUE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
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		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	6175 SW 153 ST. #121		
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: RICHARD DALMAU MAY 5, 96 305 596-6811  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)