

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90033 015 \*\*\*150.00

12520010

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P93000001884**

1. Corporation Name  
**EMPLOYEE BENEFITS OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

~~8860 S.W. 57TH ST.~~  
~~MIAMI FL 33173~~  
~~US~~

~~8860 S.W. 57TH ST.~~  
~~MIAMI FL 33178~~  
~~US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 **7815 CORAL WAY**

26 **7815 CORAL WAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **#106**

27 **#106**

23 City & State

28 City & State

**Miami - Florida**

**Miami - Florida**

24 Zip

25 Country

29 Zip

30 Country

**33155**

**USA**

**33155**

**USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**01/11/1993**

4. FEI Number

**65-0380101**

Applied For

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 owes the current year Intangible Personal Property Tax.  Yes  No

10. Name and Address of New Registered Agent

**CARRIAZO, ROBERT**  
**8860 SW 57TH ST.**  
**MIAMI FL 33173**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME **D CARRIAZO, ROBERT**  
 STREET ADDRESS **8860 SW 57TH ST.**  
 CITY-ST-ZIP **MIAMI FL**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **D CARRIAZO, MARUCHY**  
 STREET ADDRESS **8860 SW 57TH ST.**  
 CITY-ST-ZIP **MIAMI FL**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **D CARRIAZO, DANIEL J.**  
 STREET ADDRESS **8860 S.W. 57TH STREET**  
 CITY-ST-ZIP **MIAMI FL 33173**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  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, with all other like empowered.

SIGNATURE:

*Robert Carriazo*  
**Robert Carriazo, President, 2/10/99 - (305) 220-5433**

SIGNATURE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)