

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000029535 (0)

1. Corporation Name

BENAGES AND ASSOCIATES, INC.



Principal Place of Business

**1236 OBISPO AVE
CORAL GABLES FL 33134**

Mailing Address

**1236 OBISPO AVE
CORAL GABLES FL 33134**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

**MADIGAN, TERRELL C
% ECKERT SEAMANS CHERIN & MELLOTT
206 S ADAMS ST
TALLAHASSEE FL 32301**

3. Date Incorporated or Continued
04/22/1993

3a. Date of Last Report
01/26/1995

4. FEI Number
65-0410025

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

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 607.0402 and 607.1508, Florida Statutes, this 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 of Registered Agent

Signature of Secretary of State

DATE

12. OFFICERS AND DIRECTORS

11 TITLE DELETED
NAME **PD BENAGES, MICHAEL A**
STREET ADDRESS **1236 OBISPO AVE**
CITY-ST-ZIP **CORAL GABLES FL**

12 TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP

13 TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP

14 TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP

15 TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP

16 TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

17 TITLE Change Addition
18 NAME
19 STREET ADDRESS
20 CITY-ST-ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

25 TITLE Change Addition
26 NAME
27 STREET ADDRESS
28 CITY-ST-ZIP

29 TITLE Change Addition
30 NAME
31 STREET ADDRESS
32 CITY-ST-ZIP

33 TITLE Change Addition
34 NAME
35 STREET ADDRESS
36 CITY-ST-ZIP

14. I do hereby certify that the information specified in this filing was truthfully furnished and is of quality for the exemption stated in Section 119.07(3)(a), 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 13 or in a change or addition attachment with an address.

SIGNATURE:

Michael A. Benages

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)