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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 21, 1999 8:00am

Secretary of State

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01-21-1999 90012 008 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000029535

NAME

STREET ADDRE

CITY-ST-ZIP

BENAGES AND ASSOCIATES, INC.

	1.0								
Principal Place of Business Mailing Address							i ibasiedi ein inink sitti odili aniis basii ol	AND TARKE TRANSPORTE	E JIHAR BEN 1881
1236 OBISPO AVE CORAL GABLES FL 33134 1236 OBISPO AVE CORAL GABLES FL 33134							DO NOT WRITE IN TH	IIS SPACE	
						Date Incorporated or Qualifed			
•							04/22/1993		
2. Principal Place of Business 2a. Mailing Address							FEI Number	Ap	plied For
21	26						65-0410025	No	t Applicable
Suite, Apt. #, etc Suite, Apt. #, etc.							_	\$8.75	Additional
27							Certificate of Status Desired	Fee Re	equired
City & State City & St			tate			6.	Election Campaign Financing	\$5.00	May Be
28							Trust Fund Contribution	Added t	to Fees
Zip	Country			Country			This corporation owes the current year		
24	. 25	29	30			<u> </u>	Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent		81	Name	10.	Name and Address of New Registere	d Agent	
MADIGAN, TERRELL C					Name				
% ECKERT SEAMANS CHERIN & MELLOTT				82 Street Addres			O. Box Number is Not Acceptable)		
206 S ADAMS ST				83					
	LAHASSEE FL 32301			03					
17 121				84	City			85 Zip (Code
441 5	A-Al-	00 and 607 1500 Florida State	taa tha a	hava	namad sarna	ration	submits this statement for the purpose		ragietared
office or r	registered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change was :	authorized	i by t	the corporation	's bo	pard of directors. I hereby accept the app	ointment as reg	gistered
SIGNATURE			E: Ocaletics d	A1	t alamatura anaufand .		einstating) DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 12. OFFICERS AND DIRECTORS				egistered Agent signature require 13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☐ DELETE	1.1 717	TLE				☐ Change	Addition
NAME	BENAGES, MICHAEL A		1.2 NA	1.2 NAME					
STREET ADDRESS	LANCE OFFICE AND		1.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL		1.4 CIT						
TITLE	_ DELETE		_	2.1 TITLE				Change	Addition
NAME			2.2 NA	2.2 NAME					
STREET ADDRESS	ssi		2.3 ST	2.3 STREET ADDRESS			,		
CITY-ST-ZIP				ITY-ST					
TITLE	and the second of the second of	☐ DELETE	3.1 117	īLΕ				Change	☐ Addition
NAME			3.2 NA	ME					
STREET ADDRESS	投資機・自動機などの A CASA (**) - A CASA (**)	. • •	3.3 ST	REET	ADDRESS				
CITY-ST-ZIP	To Mark Care to 12.		3.4. Cf	3.4. CITY-ST-ZIP					: ' ,
TITLE .			4.1 TIT	4.1 TITLE				Change .	. Addition
NAME			4. 2 N	4. 2 NAME					
STREET ADDRESS	s †		4.3 ST	4.3 STREET ADDRESS				•	
CITY-ST-ZIP			4.4 CI	4.4 CITY-ST-ZIP					
TITLE	☐ DELETE		5.1 TIT	.1 TITLE				Change	☐ Addition
NAME	,		5.2 NA	ME					
STREET ADDRESS			5.3 ST	REET	ADDRESS				ļ
CITY-ST-ZIP			5.4 Cf		-ZIP				
Trib C	4 34 34 3	[] DELETE	6 1 TIT	ne _				Change	☐ Addition

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 frue 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 of trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP