

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 9:58

DOCUMENT # P94000040492 (8)

1. Corporation Name
BEN-MONT, INC.

Principal Place of Business
15974 W STATE RD 84
SUITE 306
SUNRISE 33 326

Mailing Address
15974 W STATE RD 84
SUITE 306
SUNRISE 33 326

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified **05/31/1994** 3a. Date of Last Report

4. FEI Number **05-0502343** Applied For Not Applicable

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

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

7. This corporation has liability for intangible tax under S. 193.032, Florida Statutes Yes No

2. Principal Place of Business

21 **331 LAWRENCE DR.** 26 **1304 SW. 160th AVE.**
State, Apt. #, etc. State, Apt. #, etc.

22 **104** 27 **133**
City & State City & State

23 **FT. LAUDERDALE, FLORIDA** 28 **SUNRISE, FLORIDA**
Zip Country Zip Country

24 **33326** 25 **USA** 29 **33326** 30 **USA**

8. Name and Address of Current Registered Agent

EDE, DOUGLAS E
C/O DAVIS, SCOTT, WEBER & EDWARDS
66 W FLAGLER ST SUITE 1100
MIAMI 33 33130

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 607.0502 and 607.1504, Florida Statutes, the above-named corporation submits the 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 _____ DATE _____
(Signature of the person who is appointed to be the registered agent or the registered agent for the corporation) (Signature of the registered agent for the corporation)

12. OFFICERS AND DIRECTORS

101 TITLE	D
102 NAME	MONTGOMERY, ROBERT
103 STREET ADDRESS	15974 W STATE RD 84 #206
104 CITY, ST, ZIP	SUNRISE FL 33326
111 TITLE	D
112 NAME	BENAVENTE, JOSE A
113 STREET ADDRESS	15974 W STATE RD 84 #206
114 CITY, ST, ZIP	SUNRISE FL 33326
121 TITLE	
122 NAME	
123 STREET ADDRESS	
124 CITY, ST, ZIP	
131 TITLE	
132 NAME	
133 STREET ADDRESS	
134 CITY, ST, ZIP	
141 TITLE	
142 NAME	
143 STREET ADDRESS	
144 CITY, ST, ZIP	
151 TITLE	
152 NAME	
153 STREET ADDRESS	
154 CITY, ST, ZIP	
161 TITLE	
162 NAME	
163 STREET ADDRESS	
164 CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

171 TITLE	V/P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
172 NAME	MONTGOMERY, ROBERT	
173 STREET ADDRESS	1304 SW. 160th AVE #133	
174 CITY, ST, ZIP	SUNRISE, FLORIDA 33326	
181 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
182 NAME	BENAVENTE, JOSE A.	
183 STREET ADDRESS	1304 SW. 160th AVE. #133	
184 CITY, ST, ZIP	SUNRISE, FLORIDA 33326	
191 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
192 NAME		
193 STREET ADDRESS		
194 CITY, ST, ZIP		
201 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
202 NAME		
203 STREET ADDRESS		
204 CITY, ST, ZIP		
211 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
212 NAME		
213 STREET ADDRESS		
214 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 193.032(9)(b), Florida Statutes. I further certify that the information included 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. If I am an officer or director of the corporation or the receiver or trustee empowered to execute this report, as required by Chapter 193, Florida Statutes, and that my name appears in Block 12 or Block 13, I have changed it, or an alternate listed with an address.

SIGNATURE: *Robert Montgomery* **Robert Montgomery, Vice President 2/19/95**
(Signature and Printed Name of Signing Officer or Director) **(305) 387-2520**