	<u></u>					· · · · · · · · · · · · · · · · · · ·		
FIL	E NOW: FILING FE	E AFT	ER MAY 1	IS \$2	25.00			
	PROFIT	# 50%						
1	CORPORATION AT THE PLONIDADER							
ANNU	NNUAL REPORT Secretary of State							
	1996 DIVISION OF CORPORATIONS							
DOCUMENT # P94000051284 (5)								
1. Corporation Name								
BENA	IM, INCORPORATED					i jorijera ist adam gjerje deka de	(1)	# 11 121 1121 1214 2 161 4401
Principal Piace	of Business		ailing Address					
					-00			
2665 SOUTH BAYSHORE DRIVE 26			C/O MARSHA G. MADORSKY ESQ. 1665 SOUTH BAYSHORE DRIVE MAMI FL 33133					
		·				Date Incorporated or Qualified 07/12/1994		f Last Report /07/1995
2. Principa! Pla 21	ace of Business	2a. 26	Mailing Address			4. FEI Number		Applied For
Suite, Apt.	#, etc		Suite, Apt. #. etc.			650558546		Not Applicable \$8.75 Additional
22		27]				5. Certificate of Status Desired		Fee Required
City & State		28	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 24	Country	00	Zip		untry	8. This corporation has liability for		
24 25 29 9. Name and Address of Current Registered Agent				[30]		Florida Statutes Yes 10. Name and Address of New I	No No	ant
956 PO 2665 S	I, MONROE D MPANO DRIVE DUTH BAYSHORE DRIVE R FL 33458				83	daress (P.O. Box Number is Not Acceptal	ole)	
44 5		· · · · · · · · · · · · · · · · · · ·			84 City		5-I I	85 Zip Code
					ove named con corporation's b	poration submits this statement for the pulpored of directors. Thereby accept the app	rpose of chang ointment as rec	ing its registered office
Signature	h, and accept the obligations of, S	ection 607.0)505, Florida Statute -	s		7 / 1 - 1/1		pere es agont y any
	Signature, typed or printed name of registers in			ОН Варазае	d A port Signal Inc. rea	latent when reandaring	DA"ŧ	
12.	OFFICERS .	AND DIREC		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DI	RECTORS IN 12
T-TLE NAME	d Benaim, Rivian		DELETE	1.17				Change 🔲 Addition
STREET ADDRESS	7340 SW 56TH STREET		1.2 NAME					
CITY - ST - ZIF	MIAMI FL 33156				TREET ADDRESS ITY-ST-ZIP			
THLE			DECETE	2 1 1			П	Change Addition
NAME				2 2 N	AME			
STREET ADDRESS				235	IRSELL ADDRESS			
City - St - ZIP				24C	1Y S1-21P			
TITLE			DELETE	3.17	ITLE			Change Addition
NAME				3 2 N	AME			
STREET ADDRESS				33.5	TREET ADDRESS			
CITY-SI-ZIF				340	** S*-ZIP			
THILE			☐ DELETE	4 1 [····		Change
NAME				4.2 N	VM5			
STREET ADDRESS				4.3 SI	REET ADDRESS			
CITY-ST-ZIP TITLE					TY - \$1 - ZIF			
			DELETE	5 1 1.				Change 🔲 Addition
NAME STREET ADDRESS				5.2 N				
STREET ADDRESS					HEFT ADDRESS			
CITY-ST-ZIP TITUE TO DELETE					TY - S ³ - Z ₁ P			
n tt			DELETE	6 1 1	TLE		□ c	hange 🔲 Addition

6.4 CHY - S1 - ZIF 14. 1 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 rede set or trusted entrywered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Brock 16 or charged, or on an attackment of an address

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

63 STREET ADDRESS

NAME STREET ADDRESS

666-3375

CR2E034 (12/95)