SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

1. Corporation Name P94000051284 (5)

BENAIM, INCORPORATED

| Principal Place of Business Malling Address | | | | 1 1991/891 148 16111 61911 69111 antit, notit datet alfet 11919 11991 19111 2191 1991 | | | | |
|---|--|-----------|-----------------|---|-----------------------------------|--|--|--|
| %BENAIM RIVIAN 7340 SW 56 ST MIAMI FL 33155 US | 94BENAIM RIVIAN 7340 SW 56 ST MIAMI FL 33155 US | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/12/1994 | | | | |
| 2. Principal Place of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For | | | |
| 26 | | | | 65-0558546 Not Applicable | | | | |
| Sulte, Apt. #, etc. | Apt. #, etc. Suite, Apt. #, etc. 27 | | | 5, Certificate of Status Desired | \$8.75 Additional Fee Required | | | |
| City & State City & State | | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | | |
| Zip Country 25 | Zip 29 | Cou 30 | ntry | 8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. | | | | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | | |
| BENAIM, MONROE N MD | | | 81 Name | | | | | |
| 102 COAŞTAL WAY JUPITER FL 33477 | | | 82 Street Addre | 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 | · Benislered Agent signatu | re required when reinstating) | | ATE | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICE | | | | ORS IN 12 | | | | |
| TITLE | D | DELETE | 1.1 TITLE | P5T | | | Addition | | | | |
| VAME | BENAIM, RIVIAN | L DECE IC | 1.2 NAME | 1521 | | CIT CHANGE | Addition CAC | | | | |
| STREET ADORESS | 7340 SW 56TH STREET | | 1.3 STREET ADDRESS | ì | | | | | | | |
| CITY-ST-ZIP | MIAMI FL | | 1.4 CITY-ST-ZIP | | | | | | | | |
| TITLE | ((IV WILL I E | Decem | 2.1 TITLE | | | | 1 | | | | |
| NAME | | DELETE | 2.2 NAME | | | Change | Addition | | | | |
| | | | | | | | | | | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | r-1 | 2.4 CITY-ST-ZIP | | | 77 | 7-1 | | | | |
| TITLE | | DELETE | 3.1 TITLE | 1 | | L Change | Addition | | | | |
| NAME | | | 3.2 NAME | | | | | | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | 0 | / | | | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | | / | | | | | |
| TITLE | | DELETE | 4.1 TITLE | | | L_ Skange | Addition | | | | |
| VAME | | | 4.2 NAME | | | | 7/ /2 | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | | | | | | |
| TITLE | | DELETE | 5.1 YITLE | | | Change | Addition | | | | |
| NAME | | | 5.2 NAME | | | | | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | i | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | | | | | | | |
| TITLE | | DELETE | 6.1 TITLE | | | Change | Addition | | | | |
| IAME | | | 6.2 NAME | បញ្ញា | | 54,54 | | | | | |
| TREET ADDRESS | | | 6.3 STREET ADDRESS | -07/ | 000259; /24/980109; | JU44 | | | | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | *** *** | .50.00 | | | | | | |

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 Inchanged, or on an attachment with an address.

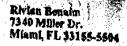
SIGNATURE:

A 30.5666.4-33.3

FILED

Jul 23 1998 8:00am

Secretary of State





PH-305-666-3375

receive