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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State
05-03-1999 90019 007 ***150.00

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DOCUMENT # **P98000000304**

1. Corporation Name

CARLOS M. BENITEZ, INC., INTERNATIONAL

Principal Place of Business	Mailing Address
2121 PONCE DE LEON BLVD SUITE 1200 CORAL GABLES FL 33134	2121 PONCE DE LEON BLVD SUITE 1200 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
01/02/1998

2. Principal Place of Business		2a. Mailing Address		4. FEI Number *IN process*	Applied For
21		26			Not Applicable
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23		City & State 28		6. Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FERNANDEZ GUZMAN, HILDA 2121 PONCE DE LEON BLVD SUITE 1200 CORAL GABLES FL 33134	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 607.1508, 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: Registered Agent signature required when reinstating)   DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	CARLOS MANUEL BENITEZ RIVERA		1.2 NAME			
STREET ADDRESS	510 MUNOS RIVERA AVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	HATO REY, PUERTO RICO 00918		1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	MARIA DE LOS ANGELES BENITEZ		2.2 NAME			
STREET ADDRESS	510 MUNOS RIVERA AVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	HATO REY, PUERTO RICO 00918		2.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	HILDA FERNANDEZ GUZMAN		3.2 NAME			
STREET ADDRESS	2121 PONCE DE LEON BLVD, STE 1200		3.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134		3.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME	CARLOS GARCIA		4.2 NAME			
STREET ADDRESS	2121 PONCE DE LEON BLVD, STE 1200		4.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134		4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

CR2E034 (11/98)

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE ~~SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR~~   4/22/99

Date   Daytime Phone #