

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

**FILED**  
**May 15, 1999 8:00 am**  
**Secretary of State**

05-15-1999 90010 048 \*\*\*158.75

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # P98000104837**

1. Corporation Name  
**BENGURION ENTERPRISES, INC.**



Principal Place of Business: 1904 LANTANA DR. WESTON FL 33326  
 Mailing Address: 1904 LANTANA DR. WESTON FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/17/1998**

4. FEI Number: **62-1776635** Applied For:  Not Applicable:

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

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION FL 33324**

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 607.1508, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Marcos Stern-Chernovetzky	
1.3 STREET ADDRESS	1504 Lantana Dr.	
1.4 CITY-ST-ZIP	Weston, FL 33326	
2.1 TITLE	Vice President/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Lazaro Stern-Chernovetzky	
2.3 STREET ADDRESS	1504 Lantana Dr.	
2.4 CITY-ST-ZIP	Weston, FL 33326	
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Roberto Rodriguez-Flores	
3.3 STREET ADDRESS	1504 Lantana Dr.	
3.4 CITY-ST-ZIP	Weston, FL 33326	
4.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Stephen M. Hader	
4.3 STREET ADDRESS	2500 Charlotte Plaza	
4.4 CITY-ST-ZIP	Charlotte, NC 28244	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowerments.

SIGNATURE: \_\_\_\_\_ **Lazaro Stern-Chernovetzky, Vice President, Treasurer**  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR