

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

APPROVED  
AND  
FILED

95 MAY -1 PM 12:24

TALLAHASSEE, FLORIDA

**DOCUMENT # 527778 (5)**  
1. Corporation Name

**BARDAN INTERNATIONAL, INC.**

Principal Place of Business      Mailing Address  
2858 NW 79 Avenue      2858 NW 79 Ave  
SUITE C & G      SUITE C & G  
MIAMI, FL 33122      MIAMI, FL 33122  
U S      U S

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created      3a. Date of Last Report  
03/09/1977      1/15/1994  
4. FBI Number      30. Applied For  
59-1728206      Not Applicable  
5. Certificate of Status Desired      \$8.75 Additional  
Fee Required  
6. Election Campaign Financing      \$5.00 May Be  
Trust Fund Contribution      Added to Fees  
7. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes      Yes ☐ No ☒

2. Principal Place of Business      2a. Mailing Address  
21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.  
22. City & State      27. City & State  
23. Zip      28. Zip      29. Country      30. Country

**9. Name and Address of Current Registered Agent**

DANIEL BENITEZ  
1627 BRICKELL AVE.  
APT. 1101  
MIAMI, FL., 33129

**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 607.1506, 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 the 4 successors.

NOTE: Registered Agent signature required when registering.

DATE

**12. OFFICERS AND DIRECTORS**

|                |                          |
|----------------|--------------------------|
| TITLE          | P                        |
| NAME           | BENITEZ BARTOLO          |
| STREET ADDRESS | 1581 Brickell Ave # 1106 |
| CITY-ST-ZIP    | MIAMI, FL                |
| TITLE          | S                        |
| NAME           | BENITEZ CARMEN           |
| STREET ADDRESS | 1581 Brickell Ave # 1106 |
| CITY-ST-ZIP    | Miami, FL.               |
| TITLE          | V                        |
| NAME           | BENITEZ DANIEL           |
| STREET ADDRESS | 1627 Brickell Ave # 1101 |
| CITY-ST-ZIP    | Miami, FL                |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |

**13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS**

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | 600001493306                                                      |
| 1.3 STREET ADDRESS | -05/18/95--01041--021                                             |
| 1.4 CITY-ST-ZIP    | MIAMI 33129-0000                                                  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-ST-ZIP    |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-ST-ZIP    |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY-ST-ZIP    |                                                                   |
| 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 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 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.

**SIGNATURE:**

BARTOLO BENITEZ, PRESIDENT

4-24-95 (305) 594-7878