

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 10, 1999 8:00 am
Secretary of State

05-10-1999 90008 033 ***150.00

DOCUMENT # **L73500**

1. Corporation Name

THE BENAMI CORPORATION

Principal Place of Business

7851 NW 62ND STREET
MIAMI FL 33166
US

Mailing Address

9720 PINES BLVD.
PEMBROKE PINES FL 33024
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1990

4. FEI Number

65-0205188

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NANKE, LOREN
1670 W. SANDPIPER CIRCLE
PEMBROKE PINES FL 33024

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 ☐ DELETE

NAME **PD**
FEINSTEIN, RALPH
STREET ADDRESS **107 HALF MOON CIRCLE**
CITY-ST-ZIP **HYPOLUXO FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **SD**
FEINSTEIN, DYLCIA
STREET ADDRESS **107 HALF MOON CIRCLE**
CITY-ST-ZIP **HYPOLUXO FL**

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VD**
NANKE, LOREN
STREET ADDRESS **1670 SANDPIPER CIRCLE**
CITY-ST-ZIP **PEMBROKE PINES FL**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

3.5 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LOREN NANKE

3-9-99

305-599-7110

CR2E034 (11/98)

0145311