05-10-1999 90008 033 \*\*\*150.00

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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **L73500**

1. Corporation Name

Principal Place of Business

THE BENAMI CORPORATION

•	01 000				
7851 NW 62ND STREET MIAMI FL 33166 US		9720 PINES BLVD. PEMBROKE PINES FL 33024			DO NOT WRITE IN THIS SPACE
		US			
					3. Date Incorporated or Qualifed
					05/17/1990
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0205188 Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired  6. Cer
22		27		<u> </u>	
City & State	•	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Count	У	8. This corporation owes the current year Intangible
24	25	29 3	0		Personal Property Tax.   ☑ Yes □ No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
	AT A AREN		8	1 Name	ne l
	KE, LOREN		8	2 Stree	et Address (P.O. Box Number is Not Acceptable)
	W. SANDPIPER CIRCLE				
PEMI	Broke Pines FL 33024		8	3	
			-	4 City	85 Zip Code
			ľ	T City	FL  °°   Zip coue
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was auti	norized b	v tne cor	ed corporation submits this statement for the purpose of changing its registered progration's board of directors. I hereby accept the appointment as registered
SIGNATURE		NOTE: D	Indictored Ac	ont rignatus	re required when reinstating) DATE
12.	Signature, typed or printed name of registered age	ID DIRECTORS	13.	ent signatur	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		☐ Change ☐ Addition
	FEINSTEIN, RALPH		1.2 NAME		
NAME				ET ADDRES	
STREET ADDRESS	107 10121 1110077 0111022		1		355
CITY-ST-ZIP	HYPOLUXO FL	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
TITLE	SD	□ pere ie			
NAME	FEINSTEIN, DYLCIA		2.2 NAMI		
STREET ADDRESS	107 HALF MOON CIRCLE		2.3 STRE	ET ADDRES	iss ,
C/TY-ST-ZIP	HYPOLUXO FL		2. 4 CITY- ST-ZIF		
TITLE	VD	DELETE	3.1 TITLE		Change Addition
NAME	NANKE, LOREN		3.2 NAMI	Ē	
STREET ADDRESS	1670 SANDPIPER CIRCLE		3.3 STRE	ET ADDRES	SS
CITY-ST-ZIP	1 2112.101.121.11.120.12		3.4. CITY	-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAM	E	
STREET ADDRESS			4.3 STRE	ET ADDRES	ss
CITY-ST-ZIP			4.4 CITY	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAMI	Ξ	
STREET ADDRESS			5.3 STRE	ET ADDRES	ss
CITY-ST-ZIP			5.4 CITY	ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition

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

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

305-599-7110

Daytime Phone #