

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000004278

**Entity Name:** BENEI YISRAEL INC.**Current Principal Place of Business:**1330 FREEPORT DR  
DELTONA, FL 32725**Current Mailing Address:**1330 FREEPORT DR  
DELTONA, FL 32725**FEI Number:** 65-0938232**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FRIAS, BARTOLOME E  
1330 FREEPORT DR  
DELTONA, FL 32725 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	P
Name	FRIAS, BARTOLOME
Address	1330 FREEPORT DR
City-State-Zip:	DELTONA FL 32725

Title	DIRECTOR
Name	GARRIDO, IOSEF SR.
Address	1330 FREEPORT DR
City-State-Zip:	DELTONA FL 32725

Title	DIRECTOR
Name	ORTIZ, GERARDO SR.
Address	1330 FREEPORT DR
City-State-Zip:	DELTONA FL 32725

Title	DIRECTOR
Name	CARCHI, MARCOS FABIAN SR.
Address	1330 FREEPORT DR
City-State-Zip:	DELTONA FL 32725

Title	T
Name	FRIAS, ABDIEL
Address	1330 FREEPORT DR
City-State-Zip:	DELTONA FL 32725

Title	DIRECTOR
Name	SALINAS, VICTOR MANUEL SR.
Address	1330 FREEPORT DR
City-State-Zip:	DELTONA FL 32725

Title	DIRECTOR
Name	FALCON, CLAUDIO F SR.
Address	1330 FREEPORT DR
City-State-Zip:	DELTONA FL 32725

Title	DIRECTOR
Name	CARCHI, MARCOS FABRICIO SR.
Address	1330 FREEPORT DR
City-State-Zip:	DELTONA FL 32725

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BARTOLOME FRIAS**PRESIDENT****04/15/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                COREAS, CARLOS SR.  
Address            1330 FREEPORT DR  
City-State-Zip:    DELTONA FL 32725

Title                 DIRECTOR  
Name                FRIAS, ISAI O SR.  
Address            1330 FREEPORT DR  
City-State-Zip:    DELTONA FL 32725