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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 663800 1. Corporation Name

TONIDOM BENCHMARK, INC.

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90060 038 ***150.00

Mailing Address 130 N.W. 21ST TERRACE MIAMI FL 33142 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/17/1980 2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. City A. Fell Number 2c. City S. Status 2c. Mailing Address 2c.				_			
MAMI FL 33142 MIAMI FL 33142 MIAMI FL 33142 MIAMI FL 33142 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/17/1980 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State DO NOT WRITE IN THIS SPACE Applied For Not Applied For Not Applied For Sp. 1971406 Status Desired Fee Required Fee Required Fee Required Fee Required State City & State City & State City & State Signature, Special Property Tax. Yes Name and Address of Current Registered Agent SULLI, ANDREW L 7 195 S.W. 47TH STREET MIAMI FL 33155 B4 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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, 1990 or printed name of registered agent and still if applicable. MIAMI FL 33142 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/17/1980 A FEI Number Status Desired Status Desire	Principal Place of Business	Il Place of Business Mailing Address				Atmit Aifet firmir arari aimri imas	
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City & State Country Count	en l	26	26		59-1971406	Not Applicable	
City & State Country Country Zip Country Zip Country Registered Agent Sulli, ANDREW L 7195 S.W. 47TH STREET MIAM! FL 33155 Registered Agent 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Registered Agent Street Address (P.O. Box Number is Not Acceptable) The street Address of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 pnnied name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	–	<u> </u>			5. Certifcate of Status Desired	•	
Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent SULLI, ANDREW L 7195 S.W. 47TH STREET MIAMI FL 33155 82 Street Address (P.O. Box Number is Not Acceptable) 83		⊢			1 7 7 11		
9. Name and Address of Current Registered Agent 81 Name SULLI, ANDREW L 7195 S.W. 47TH STREET , MIAMI FL 33155 82 Street Address (P.O. Box Number is Not Acceptable) 83	Zip Country						
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	7,7			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			

☐ Change ☐ Addition DELETE 111ME TITLE HERRERA, ANTONIO 1.2 NAME NAME 1930 N.W. 21ST TERRACE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2, 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-Z/P 3.4. CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Addition Change DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 C/TY-ST-ZIP 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)(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 changed, or on an attachment with an address, with all other like empowered.