ANNUAL REPORT
1995

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAR -9 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F88421 **(5)**

1. Corporation Name
GLORIA DE BENARD INC.

Principal Place of Business	Mailing Address
1853 NW 20 St. MIAMI, FL 33142	SAME.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/22/1982
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 1853 NW 20 St.
22: Suite, Apt. #, etc.
23: City & State: MIAMI FLORIDA.
24: Zip: 33142 25: Country: US

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-2205540 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LARRY BENARD
1853 NW 20 St.
MIAMI, FL 33142

10. Name and Address of New Registered Agent

81 Name: LARRY BENARD
82 Street address (P.O. Box Number is Not Acceptable): 1853 NW 20 ST.
83:
84 City: MIAMI FL 85 Zip Code: 33142

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: LARRY BENARD — 2-28-95.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when mailing.) DATE

12. OFFICERS AND DIRECTORS	
TITLE	SD
NAME	BENARD, LARRY
STREET ADDRESS	2295 SW 64 AVE
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 700001425977 -03/10/95--01095--001
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition ***200.00 ***200.00
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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)(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.

SIGNATURE: LARRY BENARD, 2.28.95 — 305 324 1124
SIGNATURE, AUDITYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title: PRES. — Daytime Phone #

0126227 CF

FW 3/9/95