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

DOCUMENT # F88421

1. Corporation Name

GLORIA DE BENARD INC.

Jan 29, 1999 8:00am Secretary of State

FILED

01-29-1999 90038 015 ***150.00

				•			
Principal Plac	e of Business	Mailing Address			I (Senide net (Bié) (Bits évene (IBE) (SE	v IIs debit bibtt bibtt bibtt didte tabl	
1896 NW 20TH	STREET	1896 NW 20TH STREET					
MIAMI FL 3314	12	MIAMI FL 33142			DO NOT WRITE IN TH	IIC CDACE	
US		US			3. Date Incorporated or Qualified	IIS SPACE	
		4 10 10 10			07/22/1982		
2 Principal S	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
¬ '	lace of busiless				59-2205540	Applied For Not Applicable	262
21 Suite, Apt.	H-oto	26 Suite, Apt. #, etc.	e sada Li Li Lice	·	39 2203040	\$8.75 Additional	
22	17 , 010.	27			5. Certificate of Status Desired	Fee Required	
City & Stat	Re 27 57	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	y	8. This corporation owes the current year		
24	25	29	30	•	Personal Property Tax.	☐Yes ☐No	
<u></u>	9. Name and Address of Curren		1331		10. Name and Address of New Registere	d Agent	
	The state of the s		81	Name			
BEN	IARD, LARRY				(D.O. Davidiant and Mat. Accordable)		
	6 NW 20 ST		. 82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
MIA	MI FL 33142		83			· 阿尔斯·斯卡斯特别	
		·			· 主義中間經濟學學學與	2.12.44 [41.56] 第1.66	
		,	84	City	F	85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the abov] re-named corpo	pration submits this statement for the purpose	of changing its registered	4.
11. Pursuant office or a agent. I a SIGNATURE	im familiar with, and accept the obligat	tions of Section 607.0505, Fit	orida Statutes	S.	oration submits this statement for the purpose n's board of directors. I hereby accept the appropriate the purpose when reinstating).	1 -	,
ಾ agent. I a	im familiar with, and accept the obligat	tions of Section 607.0505, Fit	orida Statutes	S.	oration submits this statement for the purpose in s board of directors. I hereby accept the appropriate of the purpose when reinstating). DATE ADDITIONS/CHANGES TO OFFICERS	1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(98)
SIGNATURE	im familiar with, and accept the obligat	tions of Section 607.0505, Fix nt and title if applicable (NOTI	orida Statutes E: Registered Age	S.	when reinstating) DATE	1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(11/98)
SIGNATURE	im familiar with, and accept the obligation of t	tions of, Section 607.0505, Fig. and title if applicable. (NOTI D DIRECTORS	E: Registered Age	S.	when reinstating) DATE	AND DIRECTORS IN 12	34 (11/98)
SIGNATURE 12.	im familiar with, and accept the obligation of t	tions of, Section 607.0505, Fig. and title if applicable. (NOTI D DIRECTORS	E: Registered Age 13. 1.1 TITLE 1.2 NAME	S.	when reinstating) DATE	AND DIRECTORS IN 12	E034((11/98)
SIGNATURE 12. TITLE NAME	im familiar with, and accept the obligation of t	tions of, Section 607.0505, Fig. and title if applicable. (NOTI D DIRECTORS	E: Registered Age 13. 1.1 TITLE 1.2 NAME	s. In signature required	when reinstating) DATE	AND DIRECTORS IN 12	R2E034(11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN P BENARD, LARRY 540 BRICKELL KEY DR #415	tions of, Section 607.0505, Fig. and title if applicable. (NOTI D DIRECTORS	E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	s. In signature required	when reinstating) DATE	AND DIRECTORS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN P BENARD, LARRY 540 BRICKELL KEY DR #415	tions of, Section 607.0505, Fig. 11 and title if applicable. (NOTI	E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	s. In signature required	when reinstating) DATE	AND DIRECTORS IN 12 Change Addition	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN P BENARD, LARRY 540 BRICKELL KEY DR #415	tions of, Section 607.0505, Fig. 11 and title if applicable. (NOTI	E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-\$ 2.1 TITLE 2.2 NAME	s. In signature required	when reinstating) DATE	AND DIRECTORS IN 12 Change Addition	CR2E034(11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN P BENARD, LARRY 540 BRICKELL KEY DR #415	tions of, Section 607.0505, Fig. 11 and title if applicable. (NOTI	E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-\$ 2.1 TITLE 2.2 NAME	nt signature required IT ADDRESS ST-ZIP	when reinstating) DATE	AND DIRECTORS IN 12 Change Addition	CR2E034 ((11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN P BENARD, LARRY 540 BRICKELL KEY DR #415	tions of, Section 607.0505, Fig. 11 and title if applicable. (NOTI	E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE	nt signature required IT ADDRESS ST-ZIP	when reinstating) DATE	AND DIRECTORS IN 12 Change Addition	CR2E034(11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN P BENARD, LARRY 540 BRICKELL KEY DR #415	tions of, Section 607.0505, Fig. and title if applicable. (NOTI D DIRECTORS DELETE	E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-\$ 2.1 TITLE 2.2 NAME 2.2 NAME 2.3 STREE 2.4 CITY-\$ 2.4 CITY-\$ 3.5 TREE 4.7 TITLE 4.7	nt signature required IT ADDRESS ST-ZIP	when reinstating) DATE	AND DIRECTORS IN 12 Change Addition Change Addition	CR2F0341(11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN P BENARD, LARRY 540 BRICKELL KEY DR #415	tions of, Section 607.0505, Fig. and title if applicable. (NOTI D DIRECTORS DELETE	E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	nt signature required IT ADDRESS ST-ZIP	when reinstating) DATE	AND DIRECTORS IN 12 Change Addition Change Addition	CR2E034 (71/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered agen OFFICERS AN P BENARD, LARRY 540 BRICKELL KEY DR #415	tions of, Section 607.0505, Fig. and title if applicable. (NOTI D DIRECTORS DELETE	E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	ant signature required TADDRESS TADDRESS TADDRESS TADDRESS	when reinstating) DATE	AND DIRECTORS IN 12 Change Addition Change Addition	CR2F034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN P BENARD, LARRY 540 BRICKELL KEY DR #415	tions of, Section 607.0505, Fig. and title if applicable. (NOTI D DIRECTORS DELETE	E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE	ant signature required TADDRESS TADDRESS TADDRESS TADDRESS	when reinstating) DATE	AND DIRECTORS IN 12 Change Addition Change Addition	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN P BENARD, LARRY 540 BRICKELL KEY DR #415	tions of, Section 607.0505, Fig. 11 and title if applicable. (NOTI D DIRECTORS DELETE DELETE	E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-1	ant signature required ST ADDRESS ST-ZIP ST ADDRESS ST-ZIP ST ADDRESS ST-ZIP	when reinstating), DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition	CR2E034 ((11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN P BENARD, LARRY 540 BRICKELL KEY DR #415 MIAMI FL	tions of, Section 607.0505, Fix and title if applicable. (NOTI D DIRECTORS DELETE	E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME	ant signature required ST ADDRESS ST-ZIP ST ADDRESS ST-ZIP ST ADDRESS ST-ZIP	when reinstating) DATE	AND DIRECTORS IN 12 Change Addition Change Addition	CR2E034 (71/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME	Signature, typed or printed name of registered agen OFFICERS AN P BENARD, LARRY 540 BRICKELL KEY DR #415 MIAMI FL	tions of, Section 607.0505, Fix It and title if applicable. (NOTI D DIRECTORS DELETE DELETE DELETE	E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME	art signature required ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	when reinstating), DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN P BENARD, LARRY 540 BRICKELL KEY DR #415 MIAMI FL	tions of, Section 607.0505, Fix It and title if applicable. (NOTI D DIRECTORS DELETE DELETE DELETE	E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE	art signature required ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	when reinstating), DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN P BENARD, LARRY 540 BRICKELL KEY DR #415 MIAMI FL	tions of, Section 607.0505, Fix It and title if applicable. (NOTI D DIRECTORS DELETE DELETE DELETE	E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	at ADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP	when reinstating), DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition	CR2E034:(11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE TITLE NAME TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered agen OFFICERS AN P BENARD, LARRY 540 BRICKELL KEY DR #415 MIAMI FL	tions of, Section 607.0505, Fix It and title if applicable. (NOTI D DIRECTORS DELETE DELETE DELETE	E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	art signature required ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	when reinstating), DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition	CR2E034(11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN P BENARD, LARRY 540 BRICKELL KEY DR #415 MIAMI FL	tions of, Section 607.0505, Fix It and title if applicable. (NOTI D DIRECTORS DELETE DELETE DELETE	E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	at Address ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP	when reinstating), DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN P BENARD, LARRY 540 BRICKELL KEY DR #415 MIAMI FL	tions of, Section 607.0505, Fix It and title if applicable. (NOTI D DIRECTORS DELETE DELETE DELETE	E: Registered Age 13. 1.1 TITLE 12 NAME 13 STREE 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 32 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.3 STREE	at Address ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP	when reinstating), DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN P BENARD, LARRY 540 BRICKELL KEY DR #415 MIAMI FL	tions of, Section 607.0505, Fig. 11 and title if applicable. (NOTI D DIRECTORS DELETE DELETE	E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S	at Address ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP	when reinstating), DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN P BENARD, LARRY 540 BRICKELL KEY DR #415 MIAMI FL	tions of, Section 607.0505, Fig. 11 and title if applicable. (NOTI D DIRECTORS DELETE DELETE	E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE 6.2 NAME	at Address ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP	when reinstating), DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition	CR2F034:(11/98)

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 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

BENARD

1-12-9

305-3241134

Daytime Phone #