

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

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **G16634** (9)

1. Corporation Name
BENAJA PROPERTIES, INC.

Principal Place of Business
**1500 SAN REMO AVE. #239
CORAL GABLES FL 33146-3047**

Mailing Address
**1500 SAN REMO AVE. #239
CORAL GABLES FL 33146-3047**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/20/1982		3a. Date of Last Report 03/19/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2396779		Applied For <input type="checkbox"/> Not Applicable	
22	Suite 237	27	Suite 237	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24	Zip 33146-3047	25	Country	29	Zip 33146-3047	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**HUGHEY, BONNIE J.
1500 SAN REMO AVE. #239
CORAL GABLES FL 33146-3047**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 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 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

Signature: typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	D/P
NAME	LENHERR-TOEDTI, EIKE	1.2 NAME	Lenherr-Toedtti, Elke
STREET ADDRESS	P.O. BOX 12, ESCHENERSTRASSE 35	1.3 STREET ADDRESS	P.O. Box 12, Eschenerstrasse 35
CITY-ST-ZIP	BENDERN LI	1.4 CITY-ST-ZIP	Bendern Liechtenstein
TITLE	VST	2.1 TITLE	
NAME	HUGHEY, BONNIE J	2.2 NAME	
STREET ADDRESS	1500 SAN REMO AVE., #239	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

Bonnie J. Hughey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bonnie J. Hughey Vice President/Secretary/Treasurer

4/3/97

Date

(305) 662-9324

Daytime Phone #

0204543

CR2E034 (9/96)