

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morikani
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G52635**

(1)

1. Corporation Name
SAN BENITO CORP.



Principal Place of Business

**% JAMES A. MOLANS
16100 SW 173RD AVENUE
MIAMI FL 33187**

Mailing Address

**% JAMES A. MOLANS
16100 SW 173RD AVENUE
MIAMI FL 33187**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

**MOLANS, JAMES
16100 S. W. 173 AVENUE
MIAMI, 33187**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
07/24/1983

3a. Date of Last Report
03/28/1995

4. FEI Number
59-2308713

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

10. Name and Address of New Registered Agent

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RODQUEZ, MANUEL	
STREET ADDRESS	16100 SW 173RD AVENUE	
CITY- ST- ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, SECUNDINA	
STREET ADDRESS	16100 SW 173RD AVENUE	
CITY- ST- ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, BENITO	
STREET ADDRESS	16100 SW 173RD AVENUE	
CITY- ST- ZIP	MIAMI FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MOLANS, JAMES A.	
STREET ADDRESS	16100 SW 173RD AVENUE	
CITY- ST- ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13.

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

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)(k), Florida Statutes. I further certify that the information included in this filing is a true and correct copy of the information reported in the annual report or supplemental annual report 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 holder of the stock or trust as empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or in an attached filing and filing fee.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A. Molans

CR2E034 (12/95)