

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

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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
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DOCUMENT # H13201 (9)

1. Corporation Name
BENEMODA CO.



Principal Place of Business 1500 SAN REMO AVENUE SUITE 237 CORAL GABLES FL 33146-3047 US	Mailing Address 1500 SAN REMO AVENUE SUITE 237 CORAL GABLES FL 33146-3047 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified 07/20/1984	3a. Date of Last Report 03/19/1996
4. FEI Number 59-2442270	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HUGHEY, BONNIE J
1500 SAN REMO AVENUE
SUITE 239
CORAL GABLES FL 33146-3047**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	YOUNG, DAVID F.	
STREET ADDRESS	1500 SAN REMO AVE SUITE 245	
CITY-ST-ZIP	CORAL GABLES FL 54	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	HUGHEY, BONNIE J.	
STREET ADDRESS	1500 SAN REMO AVE., #239	
CITY-ST-ZIP	CORAL GABLES FL 54	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FEDELL, KATHY A	
STREET ADDRESS	1647 SACKETT CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Young, David F.	
1.3 STREET ADDRESS	1500 San Remo Ave., Suite 245	
1.4 CITY-ST-ZIP	Coral Gables, FL 33146-3054	
2.1 TITLE	V/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hughey, Bonnie J.	
2.3 STREET ADDRESS	1500 San Remo Ave., Suite 239	
2.4 CITY-ST-ZIP	Coral Gables, FL 33146-3047	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Fedell, Kathy A.	
3.3 STREET ADDRESS	1647 Sackett Circle	
3.4 CITY-ST-ZIP	Orlando, FL 32818	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 **4/13/97** (305) 662-9324
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Bonnie J. Hughey, Vice President/Secretary/Treasurer
 Daytime Phone # 0204533

CR2E034 (9/96)