

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 # H21589

1. Corporation Name

FEDERAL BENEFIT SERVICES, INC.

Principal Place of Business

7801 CORAL WAY STE. #132
MIAMI FL 33155-3538

Mailing Address

7801 CORAL WAY STE. #132
MIAMI FL 33155-3538

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90079 042 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1984

4. FEI Number

59-2449627

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 7801 CORAL WAY

Suite, Apt. #, etc.

22 123

City & State

23 MIAMI, FL

Zip

24 33155

Country

25 USA

2a. Mailing Address

26 7801 CORAL WAY

Suite, Apt. #, etc.

27 123

City & State

28 MIAMI, FL

Zip

29 33155

Country

30 USA

9. Name and Address of Current Registered Agent

MONTEATH, KEN
7801 S.W. 24TH STREET #132
MIAMI FL 33155-3538

10. Name and Address of New Registered Agent

81 Name

KEN MONTEATH

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

83 7801 CORAL WAY, SUITE 123

84 City

MIAMI

FL

85 Zip Code

33155

11. Pursuant to the provisions of Sections 607.0802 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/29/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DST
STREET ADDRESS MONTEATH, KEN
CITY-ST-ZIP 7801 S.W. 24TH ST., #132
MIAMI FL

TITLE ☐ DELETE

NAME DP
STREET ADDRESS MARQUEZ, JOSE L.
CITY-ST-ZIP 7801 S.W. 24TH ST., #132
MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)