FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

DOCUMENT # K23769 (8)

1. Corporation Name
BENSON GROUP, INC.

Principal Place of Business
6499 NW 9TH AVENUE
201
FT. LAUDERDALE FL 33309
US

Mailing Address
6499 NW 9TH AVENUE
201
FT. LAUDERDALE FL 33309
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/17/1988
3a. Date of Last Report: 03/16/1994
4. FEI Number: 65-0049838 — 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

2. Principal Place of Business
21 551 NW 77th St
Suite, Apt. #, etc.
22 Suite 102
City & State
23 Boca Raton, Fl
Zip
24 33487
Country
25 US

2a. Mailing Address
26 551 NW 77th St
Suite, Apt. #, etc.
27 Suite 102
City & State
28 Boca Raton, Fl
Zip
29 33487
Country
30 US

9. Name and Address of Current Registered Agent

BENSON, LOUIS
6499 NW 9TH AVENUE
SUITE 201
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 551 NW 77th St
83 Suite 102
84 City Boca Raton FL 85 Zip Code 33487

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BENSON, LOUIS
STREET ADDRESS	263 BARCELONA ROAD
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	VPD
NAME	BENSON, MARCIA
STREET ADDRESS	263 BARCELONA ROAD
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INFO

1. TITLE / 1. NAME / 1. STREET ADDRESS / 1. CITY-ST-ZIP		[ ] Change [ ] Addition
2. TITLE / 2. NAME / 2. STREET ADDRESS / 2. CITY-ST-ZIP		[ ] Change [ ] Addition
3. TITLE / 3. NAME / 3. STREET ADDRESS / 3. CITY-ST-ZIP		[ ] Change [ ] Addition
4. TITLE / 4. NAME / 4. STREET ADDRESS / 4. CITY-ST-ZIP		[ ] Change [ ] Addition
5. TITLE / 5. NAME / 5. STREET ADDRESS / 5. CITY-ST-ZIP		[ ] Change [ ] Addition
6. TITLE / 6. NAME / 6. STREET ADDRESS / 6. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing voluntarily furnished and 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: Marcia L. Benson 4/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0217811 CP