

FILE NOW: FILING FEE AP. 3 MAY 1 IS \$550.00

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 199		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K34935 (2)

1. Corporation Name
BEMOL INVESTMENTS INC.

Principal Place of Business 6405 SOUTHWEST 116 PLACE UNIT H MIAMI FL 33173	Mailing Address 6405 SOUTHWEST 116 PLACE UNIT H MIAMI FL 33173-1763
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*528 NE 26 Terr
Miami, FL 33137*

2. Principal Place of Business 21 528 N.E 26 Terrace	2a. Mailing Address 26 528 NE 26 Terrace	3. Date Incorporated or Qualified 09/28/1988	3a. Date of Last Report 01/26/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0076635	Applied For Not Applicable
City & State 23 Miami, FL	City & State 28 Miami, FL	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 24 33137	Country 25 USA	Zip 29 33137	Country 30 USA

9. Name and Address of Current Registered Agent MOLINA, EMILIA, BENEKE 6405 SOUTHWEST 116 PLACE UNIT H MIAMI FL 33173		10. Name and Address of New Registered Agent	
		81 Name BENEKE, MILA	
		82 Street Address (P.O. Box Number is Not Acceptable) 528 NE 26 TERRACE	
		83	
		84 City MIAMI	85 Zip Code FL 33137

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 Mila Beneke - Mila Beneke - President DATE _____

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	SAGRERA, ANA <input type="checkbox"/> DELETE	1.1 TITLE SD	SAGRERA, ANA <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6405 SW 116 PL H	1.2 NAME	528 N.E 26 Terr
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	Miami, FL
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE PT	MOLINA, EMILIA BENEKE <input type="checkbox"/> DELETE	2.1 TITLE PT	BENEKE, Mila <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6405 S.W. 116 PLACE H	2.2 NAME	528 NE 26 Terr
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	Miami, FL
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE D	MOLINA, EMILIA BENEKE <input type="checkbox"/> DELETE	3.1 TITLE VD	Slone, Sara <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6405 S.W. 116 PLACE H	3.2 NAME	13 Calle Poniente #4614
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	SAN SALVADOR, EL SALVADOR
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE VD	SLONE, SARA <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	13 CALLE PONIENTE, #4614	4.2 NAME	
STREET ADDRESS	SAN SALVADOR, EL SAL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	00000248885 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	-04/15/98--01006--010
STREET ADDRESS		5.3 STREET ADDRESS	***158.75
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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. 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.

*PE
4.14*