

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

95 MAY -1 PM 3:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K44040

(9)

1. Corporation Name

BENEFIT REALTY, INC.

Principal Place of Business

1901 W. 68TH STREET  
HALEAH FL 33014  
US

Mailing Address

1901 W. 68TH STREET  
HALEAH FL 33014  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
11/08/1988

3a. Date of Last Report  
02/11/1994

4. FBI Number  
65-0087034

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 1800 W. 49 ST.

2a. Mailing Address

25 1800 W. 49 ST.

Suite, Apt. #, etc.

22 324-J

Suite, Apt. #, etc.

27 324-J

City & State

23 HIALEAH, FL

City & State

28 HIALEAH, FL

Zip

24 33012 25 USA

Zip

29 33012 30 USA

9. Name and Address of Current Registered Agent

MIGUEL E. GARCIA  
1901 W. 68TH STREET  
HALEAH FL 33014

10. Name and Address of New Registered Agent

81 Name

MIGUEL E. GARCIA

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

1800 W. 49 ST., Suite 324-J

83

84 City

HIALEAH

FL

85 Zip Code

33012

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

Signature, typed or printed name of registered agent and title (check one)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                |                           |
|----------------|---------------------------|
| TITLE          | PTV                       |
| NAME           | GARCIA, MIGUEL E.         |
| STREET ADDRESS | 2829 INDIAN CR DR., #1202 |
| CITY-ST-ZIP    | MIAMI BCH 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    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                        |                                                                              |
|-------------------|------------------------|------------------------------------------------------------------------------|
| 11 TITLE          | PTV                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           | GARCIA, MIGUEL E.      |                                                                              |
| 13 STREET ADDRESS | 1900 W. 49 STREET #306 |                                                                              |
| 14 CITY-ST-ZIP    | HIALEAH FL 33012       |                                                                              |
| 21 TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22 NAME           |                        |                                                                              |
| 23 STREET ADDRESS |                        |                                                                              |
| 24 CITY-ST-ZIP    |                        |                                                                              |
| 31 TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME           |                        |                                                                              |
| 33 STREET ADDRESS |                        |                                                                              |
| 34 CITY-ST-ZIP    |                        |                                                                              |
| 41 TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME           |                        |                                                                              |
| 43 STREET ADDRESS |                        |                                                                              |
| 44 CITY-ST-ZIP    |                        |                                                                              |
| 51 TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME           |                        |                                                                              |
| 53 STREET ADDRESS |                        |                                                                              |
| 54 CITY-ST-ZIP    |                        |                                                                              |
| 61 TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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 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:

Miguel E. Garcia  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

MIGUEL E. GARCIA 4/26/95 (305) 824-3000