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

DOCUI	MENT # K46461					
,,	MERICAN BENEFIT CORPO	RATION				
}			,			
		·				
Principal Plac	e of Business	Mailing Address		1		
15711 S.W. 46		15711 SW 46 ST				
Miami Fl 33181 US	5	Miami FL 33185 US		DO NOT WRITE IN	THIS SPACE	
**		••		3. Date Incorporated or Qualifed		
				11/21/1988		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	 	ied For
21		26		65-0078408	\$8.75 Ad	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	36.73 Ad Fee Requ	
22		City & State		Floring Compaign Financing	\$5.00 M	
City & Stat	l u	28		6. Election Campaign Financing Trust Fund Contribution	Added to	
Zip	. Country	Zip	Country	8. This corporation owes the current year	r Intangible	
24	25	29	10	Personal Property Tax.	☐ Yes ☐	JNo
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registe	ered Agent	
DIDA	DEO MANNY		81 Name			
RIBADEO, MANNY 561 WEST 39 STREET		82 Street Add	ress (P.O. Box Number is Not Acceptable)	·		
HIALEAH FL 33012		83			····	
1100						
	•		84 City		FL 85 Zip Co	ode
	4 Al	00 1 007 4500 Flacida Statuta	the above pamed corr	poration authorite this statement for the OUTDO	e of changing its re	neretzion
44 Dureuant		uz and 607. ISOB. Fionda Statutes	s, ulu abovo-ilallicu coit	poration submits this statement for the perpen		giotorou
office or i	registered agent of both in the State	ot Florida. Such chande was aut	nonzed by the comorati	on's board of directors. I hereby accept the a	ppointment as regi	stered
office or i	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the obligations are sections.	ot Florida. Such chande was aut	nonzed by the comorati	on's board of directors. I hereby accept the a	ppointment as regi	stered
office or i	registered agent of both in the State	e of Florida. Such change was autations of, Section 607.0505, Florid	nonzed by the comorati	ad when reinstailing) DA1	E	
office or i	registered agent, or both, in the State am familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI	ent and title if applicable. ND DIRECTORS	nonzed by the corporation a Statutes. Registered Agent signature require	on's board of directors. Thereby accept the a	E S AND DIRECTOR	S IN 12
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the obligation of the state of the obligation of the state of the obligation of the obl	of Florida. Such change was autations of, Section 607.0505, Floridant title if applicable. (NOTE: F	nonzed by the corporation of the	ad when reinstailing) DA1	E	
office or agent. I agent. I a	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	ent and title if applicable. ND DIRECTORS	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	ad when reinstailing) DA1	E S AND DIRECTOR	S IN 12
office or in agent. I a signature 12. TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the oblig: Signature, typed or printed name of registered age OFFICERS AI D RIBADEO, MANNY 15711 SW 46 STREET	ent and title if applicable. ND DIRECTORS	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ad when reinstailing) DA1	E S AND DIRECTOR	S IN 12
office or in agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	ent and title if applicable. DELETE DELETE	nonzed by the corporation of the	ad when reinstailing) DA1	E S AND DIRECTOR	S IN 12
office or i agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State am familiar with, and accept the oblig: Signature, typed or printed name of registered age OFFICERS AI D RIBADEO, MANNY 15711 SW 46 STREET	ent and title if applicable. ND DIRECTORS	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ad when reinstailing) DA1	E S AND DIRECTOR Change	S IN 12
office or in agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	ent and title if applicable. DELETE DELETE	nonzed by the corporation of the	ad when reinstailing) DA1	E S AND DIRECTOR Change	S IN 12
office or in agent. I a agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	ent and title if applicable. DELETE DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ad when reinstailing) DA1	E S AND DIRECTOR Change	S IN 12
office or in agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State am familiar with, and accept the oblig: Signature, typed or printed name of registered age OFFICERS AI D RIBADEO, MANNY 15711 SW 46 STREET MIAMI FL	ent and title if applicable. DELETE DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ad when reinstailing) DA1	E S AND DIRECTOR Change	S IN 12
office or i agent. I a gent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	of Florida. Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridation of the population of the populat	Registered Agent signature require 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ad when reinstailing) DA1	S AND DIRECTOR Change	S IN 12 Addition
office or i agent. I a agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	of Florida. Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridation of the population of the populat	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ad when reinstailing) DA1	S AND DIRECTOR Change	S IN 12 Addition
office or I agent. I a gent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	of Florida. Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridation 607.0505, Florid	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ad when reinstailing) DA1	E S AND DIRECTOR Change	S IN 12 Addition Addition
office or in agent. I a signature 12. 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	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	of Florida. Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridation of the population of the populat	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	ad when reinstailing) DA1	S AND DIRECTOR Change	S IN 12 Addition
office or i agent. I a gent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the obligation of the state and familiar with, and accept the obligation of the state agent of t	of Florida. Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridation 607.0505, Florid	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ad when reinstailing) DA1	E S AND DIRECTOR Change	S IN 12 Addition Addition
office or i agent. I a agent. I a signature 12. Title name street address city-st-zip title name street address street addr	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	of Florida. Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridation 607.0505, Florid	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ad when reinstailing) DA1	E S AND DIRECTOR Change	S IN 12 Addition Addition
office or i agent. I a gent. I a gent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the obligation of the state of the obligation of the state of the obligation of the state of the obligation of the obligati	of Florida. Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridation 607.050	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ad when reinstailing) DA1	E S AND DIRECTOR Change	S IN 12 Addition Addition
office or i agent. I a agent. I a septiment of the septim	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	of Florida. Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridation 607.0505, Florid	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ad when reinstailing) DA1	E S AND DIRECTOR Change Change	S IN 12 Addition Addition Addition
office or i agent. I a agent. I a signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State am familiar with, and accept the obligation of the state of familiar with, and accept the obligation of the state of the obligation	of Florida. Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridation 607.050	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	ad when reinstailing) DA1	E S AND DIRECTOR Change Change	S IN 12 Addition Addition Addition
office or i agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the obligation of the state of familiar with, and accept the obligation of the state of the obligation	of Florida. Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridation 607.050	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ad when reinstailing) DA1	E S AND DIRECTOR Change Change	S IN 12 Addition Addition Addition
office or i agent. I a agent. I a signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State am familiar with, and accept the obligation of the state of familiar with, and accept the obligation of the state of the obligation	of Florida. Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridation 607.050	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	ad when reinstailing) DA1	E S AND DIRECTOR Change Change	S IN 12 Addition Addition Addition

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 of 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90109 002 ***150.00