FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1006



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1990		
DOCUMENT #	K88351	(7)
BENTEL ENTERPR	ISES CORPORATION	



Principal Place of	DUSITIESS	101	a ing raciness								
6564 N.W. 172ND LANE MIAMI GARDENS FL 33015			6564 N.W. 172ND LANE MIAMI GARDENS FL 33015								
							 Date Incorporated or Qualified 05/16/1989 	3a. Da	te of Last Rep 05/01/19	95	
2. Principal Plac	e of Business	;2a	. Mailing Address				4. FEI Number		<u> </u>	oplied For	
1		26					65-0207793			ot Applicable	
Suite, Apt. #.	Suite, Apt. #, etc.		Suite, Apt. #, etc			5. Certificate of Status Desired	sd \$8.75 Additional Fee Required				
City & State		28	City & State				Election Campaign Financing Trust Fund Contribution	cing \$5.00 May Be Added to Fees			
Zip	Country 25	29	Zip	Coun	itry		This corporation has liability for Florida Statutes Yes	intangible	tax under s	199.032,	
4	g. Name and Address of Currer	a caracidade de la composición de la c	stered Agent		<u></u>		10. Name and Address of New P	legistere	d Agent		
	w	. .			81	Name					
	IT, MAURICE			-	82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)			
6564 N.W. 172ND LANE MIAMI GARDENS FL 33015					83						
				ļ	В4	City		F	85 Zip	Code	
SIGNATURE	n, and accept the obligations of, Sec lignature, typed or printed name of registered agrin	tand tite	1 Bogalicadalo (N	k HE : Registered	Ager	nt signature require	ad when ruinstatingi	DATE	ID DIDEOTO	DO IN 10	
12.	OFFICERS AN	D DIRE		13.			ADDITIONS/CHANGES TO OF	ICEHS AF	Change	Addition	
TITLE	PSD		T DELETE	1.1 TI			·		TT CHAIRE	☐ Vaccion	
NAME	BENNETT, MAURICE			1.2 NA							
STREET ADDRESS	6564 N.W. 172ND LN.					ADDRESS					
CITY-S1-ZIP	MIAMI GARDENS FL		[] DELETE	1.4 C·		ST-ZIP			Charige	Addition	
TITLE	VTO		L.J Decene	2.2 NA							
NAME	Bennett, Nidia 6564 N.W. 172ND LN.					1 ADDRESS					
STREET ADDRESS	MIAMI GARDENS FL					ST-ZIP					
CITY-ST-ZIP TITLE	MIAMI WANDERS IL		[] DELFTE	3 1 1		<u> </u>			Change	Addition	
NAME				3 2 N/							
STREET ADDRESS				3.3. S	TREE	T ADDRESS					
CITY-ST-ZIP				3.4 CI	TY-	ST-ZIP					
TITLE			DELETE	4.11	TLE				Change	Addition	
NAME				4.2 N	AME						
STREET ADDRESS				435	TREE	1 ADDRESS					
CITY-ST-ZIP				4.4 C	ITY-	S1-ZIP					
TITLE			DELETE	5 17	ITLE				Change	Addition	
NAME				5.2 N	AME						
STREET ADDRESS				535	TREE	T ADDRESS					
CITY - ST - ZIP				54C	ITY-	S1 - 7IP			P 1 0:	The same of	
TITLE	The state of the s		DELETE	6 1 1	IIILE				Change	Addition	
NAME				6.2 N	AME						
STREET ADDRESS				63S	TREE	E1 ADDRESS					
CITY . ST. 7IP				640	FTY-	-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 logal effect as if made under eath; 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 changes, or on any trachment with an address.

SIGNATURE: .

S'GNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/96 Date

(305)558-7702

Daytime Phone