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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation Name

DOCUMENT # **L53833** 

(4)

BENNETT INTERNATIONAL CONSULTANTS, INC.

02						
Principal Place of	f Business	Mailing Address		· · · · ·	OO INII AMBIN OIDII OIBNI ONDA AMBIN BIDII 1001	
% RAPHAEL 2601 NW 48		% RAPHAEL ELIMEL 2601 NW 48 TERR LAUDERDALE LAKE:	#149			
				3. Date incorporated or Qualified 02/26/1990	3a. Date of Last Report 04/24/1995	
Principal Place of Business		2a. Mailing Address 26		4. FEI Number 65-0202801	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Z <sub>(P</sub>	Country 25	Ζ(ρ <b>29</b>	Country 30	8. This corporation has liability for in Florida Statutes		
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Ro	egistered Agent	
			81 Name			
ELIMELECH, RAPHAEL 2601 NW 48 TERR			82 Street	ddress (P.O. Box Number is Not Acceptable)		
#149			83			
LAUDERDALE LAKES FL 33313			84 City		FL 85 Zip Code	
11 Purcuant to	the provisions of Sections 607 0500	and 607 1508. Florida Statut	os too above named se	orporation submits this statement for the purp		
or registered	d agent, or both, in the State of Florid, , and accept the obligations of, Section	la. Such change was authoriz	red by the corporation's	board of directors. Thereby accept the appo	intment as registered agent. I am	
SIGNATURE	gnature, typed or printed name of registered agent a	and the diges, cubis Will	OTE: Registered Agent signature r	on low lite a round that	DATÉ	
12.	OFFICERS ANS		13.	ADDITIONS/CHANGES TO OFFI	= 11	
TITLE	PD	DELETE	1. 1 TITLE		Change Addition	
NAME	ELIMELECH, RAPHAEL		1.2 NAME			
STREET ADDRESS	2601 NW 48 TERR #149		1.3 STREFT ADDRESS			
CITY - ST - ZIP	LAUDERDALE LAKES FL		1.4 CITY - ST - ZIP			
TITLE		☐ DEFELE	2 1 TITLE	:	Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY - ST - ZIP		T) DELETE	2.4 GITY-ST-ZIP 3.1 TITLE		Change Addition	
NAME		Doctor	3 2 NAME		Change Addition	
STREET ADDRESS			3.3 STREET ACORESS			
CITY-ST-ZIP			3.4 CITY - ST - ZIP			
TITLE		DELETE	4. 1 TITLE		Change Addition	
NAME		<u></u>	4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CH Y - ST - ZIP			
TITLE		☐ DELETE	5 1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 C-TY - ST - ZIP			
TITLE		☐ DÉLETE	6 1 TITLE		Change Addition	
NAME			6 2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	certify that the information supplied s	with this filing is voluntarily for	64 CITY - ST - ZIP	alify for the exemption stated in Section 119.	07/3)/k) Florida Statutes Liturther	
certify that t	the information indicated on this appli	ial report or supplemental ani	nual report is true and ac	courate and that my signature shall have the te this report as required by Chapter 607, Fig.	same legal effect as if made under	

SIGNATURE: COMMY WANTED ARPORTED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/14/96 (954) 73/454:

CR2E034 (12/95)