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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Mar 31 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L53833

(4)

BENNETT INTERNATIONAL CONSULTANTS, INC.

| Poncipal Place | | Mailing Address | * | | | | | , 2.0., | 4.411.1844 | |
|---|--|---|-----------------|------------------------|-----------------|---|-----------------|-----------------------------|-----------------------|--|
| % RAPHAEL ELIMELECH 2601 NW 48 TERR #149 | | % RAPHAEL ELIMELECH 2601 NW 48 TERR #149 | | | | | | | | |
| LAUDERDALE L | | LAUDERDALE LAKES FL | | 8 | | | | | | |
| | | | | | 3 | Date Incorporated or Quali 02/26/1990 | | Date of Last R 3/19/1996 | leport | |
| 2. Principa Pla | ice of Business | 2a. Mailing Address | | | 4 | FEI Number | | A | oplied For | |
| 21 | | [26] | | | | 65-0202801 | | Not Applicable | | |
| Suite Apt # | , etc | Suite, Apt. #, etc. | | | 5 | Certificate of Status Desire | о 🗀 | | Additional equired | |
| City & State | | City & State | | | 6 | Election Campaign Financi Trust Fund Contribution | ng | | May Be | |
| Zip Country | | 28 | | | | Trust Fund Contribution L. Added to Fees 8. This corporation has liability for intangible tax under s 199 032, | | | | |
| 24 | 25 | 29 | 30 | , | " | Florida Statutes YES | | No | 193 (/32., | |
| | 9. Name and Address of Curren | | | | 10 |). Name and Address of Ne | | d Agent | | |
| ELIM | ELECH, RAPHAEL | | | 81 Nam | 9 | | | | | |
| | NW 48 TERR | | | 82 Stree | t Address (| (P.O. Box Number is Not Acc | eptable) | | | |
| #149 | | | | | | | | | | |
| LAUE | DERDALE LAKES FL 33313 | | | 83 | | | | | | |
| | | | | 84 City | | | | B5 Zip | Code | |
| 11 Langue at 1 | i the provisions of Sections 607.050; | 2 and CO2 1609 Florido Ctali | dee the e | L L | d corporati | ion submite this statement for | F | | to registered | |
| office or re | gistered agent, or both, in the State. | of Florida. Such change was | authorize | d by the co | o corporation's | board of directors. I hereby | accept the a | ppointment as | registered | |
| Ç. | i farodiar with, and accept the obliga- | tions of, Section 607.0505, F | lorida Sta | tutes | | | | , | | |
| SIGNATURE | spille i gesterphisskim koftesplendager | it and lide disoplicable (NC |)Tt : Registere | d Agent signali | re required who | en reinstating) | DATE | | | |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO | OFFICERS A | ND DIRECTOR | 3S IN 12 | |
| THE | PD | DELETE | 1.1 T | TLE | | | | Change | Addition | |
| NW. | ELIMELECH, RAPHAEL | | 1.2 N | AME | | | | | | |
| STREET ADDRESS. | 2601 NW 48 TERR #149 | | 1.3 \$ | IREET ADDRESS | i | | | | | |
| C(1) - \$1 - 7(f) | LAUDERDALE LAKES FL | · · · · · · · · · · · · · · · · · · · | 1.4 0 | TY-ST-ZIP | | | | | | |
| THE | | ☐ DELETE | 2.1 T | | | | | L Change | Addition | |
| NAM: | | | 2.2 N | | | | | | | |
| STREET ADDRESS | | | | IREET ADDRESS | • | | | | | |
| CHY SI-70P TOTAL | | DELETE | 2. 4 C | ITY-ST-ZIP | | | | Change | Addition | |
| NAME | | C OFCUIT. | 3.1 N | | | | | L.J. Criange | LJ Audilion | |
| STREET ADDRESS | | | | rana Free Faddress | | | | | | |
| £11Y - \$1 - ZIP | | | | ITY-ST-ZIP | | | | | | |
| THE | | DELETE | 4.1.1 | | | | | ☐ Change | Addition | |
| NAME | | | 4.21 | IAME | | | | | | |
| STREET ADDRESS | | | 4.3 S | TREET ADDRESS | : | | | | | |
| C TY-S1-ZIP | | | 4.4 C | ITY-ST-ZIP | } | | | | | |
| TOLE | | ☐ DELETE | 5.1 T | TLE | | 1,07 | | Change | Addition | |
| NY.M9 | | | 5.2 N | AME | | | | | | |
| STREET ADDRESS | | | 5.3 S | IREET ADDRESS | i | | | | | |
| C IY ST ZIP | | Theres | | TY-ST-ZIP | | | | | 11 4 | |
| 1016 | | ☐ DELETE | 611 | | | | | ☐ Change | Addition | |
| NAME | | | 6.2 N | | | | | | | |
| STREET ADDRESS | | | 4 | TREET ADDRESS | 5 | | | | | |
| _0:0 -51-7# _ 14. op hereb | y certify triat the information supplies | with this filing does not one | ····· | IY-\$1-7P exemption | stated in S | Section 119 07(3)(i). Florida S | tatules. I furt | ther certify that | the | |

information indirected 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 prector of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name