**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L53833

1. Corporation Name

BENNETT INTERNATIONAL CONSULTANTS, INC.

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90180 028 \*\*\*150.00



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Principal Place of Business Mailing Address					i issitati asi ainat mai lalat maa mi aran aran aran aran aran
% RAPHAEL ELIMELECH % RAPHAEL ELIMELECH					
2001 NW 48 TERR #149 20911 LEEWARD CT #241					DO NOT WRITE IN THIS SPACE
LAUDERDALE-LAKES-FL-33313" AVENTURA FL 33180 US				3. Date Incorporated or Qualifed	
					02/26/1990
2 Principal P	Place of Business	2a, Mailing Address			4. FEI Number Applied For
21 C/O RAPHAEL ELIMELECH 26					65-0202801 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					_ \$8.75 Additional
22 20911	LEEWARD CT, #241	27	/		5. Certifcate of Status Desired Fee Required
City & Stat	te .	City & State			6. Election Campaign Financing \$5.00 May Be
23 AVENTURA FL 28					Trust Fund Contribution Added to Fees
Zip 3.7	S180 Country USA	Zip 31	Country		8. This corporation owes the current year Intangible Personal Property Tax.
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
P1 16.1	ITI TOU DADUAT!		81	Name	ne .
ELIMELECH, RAPHAEL			82	Street	et Address (P.O. Box Number is Not Acceptable)
20911 LEEWARD CT #241			00		
AVENTURA FL 33180			83		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1110101112 00100		84	City	FL 85 Zip Code
	4.41	and 607 1500 Florida Statutas	the about	namad	ed corporation submits this statement for the purpose of changing its registered
office or I	registered agent, or both, in the State of	Florida. Such change was auth	norized by	the corpo	propration's board of directors. I hereby accept the appointment as registered
agent. I a	im familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statutes	•	
SIGNATURE	Signature, typed or printed name of registered agent a	and title of applicable (NOTE: Pe	enietared Aner	nt signature r	ure required when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ELIMELECH, RAPHAEL		1.2 NAME		
STREET ADDRESS	COOKE LETTING OF MALE		1,3 STREET	ADDRESS	ss
CITY-ST-ZIP	AVENTURA FL 33180		1.4 CITY-S	i T- <b>ZIP</b>	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		,
STREET ADDRESS			2.3 STREET	ADDRESS	ss
CITY-ST-ZIP			2. 4 CITY- S	T-ZIP	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			1 2 STOCE	ADDRESS	
CITY-ST-ZIP			3.3 3 TALL		SS
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NAME	į	☐ DELETE	3.4. CITY- S 4.1 TITLE		Change Addition
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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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS