

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **L64011** (4)

1. Corporation Name  
**NEST BOX AVIARY, INC.**

Principal Place of Business

~~8001 SW 84 ST.  
MIAMI FL 33143  
US~~

Mailing Address

~~P.O. BOX 430118  
MIAMI FL 33243-0118  
US~~



2. Principal Place of Business

21 **1401 S.E. 9 COURT**

Suite, Apt. #, etc.

22 **SUITE 200**

City & State

23 **HALEAH, FL**

Zip

24 **33010-5944**

Country

25 **U.S.A.**

2a. Mailing Address

26 **1401 SE 9 COURT**

Suite, Apt. #, etc.

27 **SUITE 200**

City & State

28 **HALEAH, FL**

Zip

29 **33010-5944**

Country

30 **USA**

3. Date Incorporated or Qualified

**04/06/1990**

3a. Date of Last Report

**01/22/1996**

4. FEI Number

**65-0186743**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**BENAIM, ROBERT I  
8001 SW 84TH ST  
MIAMI FL 33143**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Robert Benaim*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PM BENAIM, ROBERT I  
8001 S.W. 84TH ST.  
MIAMI FL 33143-2616**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**V BENAIM, BERNAD D  
3434 N.W. 7TH PLACE  
GAINESVILLE FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**STD BENAIM, PATRICIA A  
8001 S.W. 84TH ST.  
MIAMI FL 33143-2616**

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

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

*Robert Benaim*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0256172

CR2E034 (9/96)