

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M05199 (8)

1. Corporation Name

BENEKE MOLINA, INC.

Principal Place of Business

6405 S.W. 116 PLACE
UNIT H
MIAMI FL 33173

Mailing Address

6405 S.W. 116 PLACE
UNIT H
MIAMI FL 33173

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
09/14/1984

3a. Date of Last Report
05/01/1994

4. FEI Number
59-2471662

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

MOLINA, EMILIA BENEKE
6405 S.W. 116 PLACE
UNIT H
MIAMI FL 33173

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

Signature, typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	MOLINA, EMILIA B
STREET ADDRESS	6405 SW 116 PL, #H
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	WISWELL, LAURA
STREET ADDRESS	19731 SW 89 AVE
CITY - ST - ZIP	MIAMI FL
TITLE	DST
NAME	WISWELL, LANA K
STREET ADDRESS	19731 SW 89 AVE
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	SAGRERA, ANA
STREET ADDRESS	6405 SW 116 PL, #H
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
2. TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
3. TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
4. TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
5. TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
6. TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - 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 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: Emilia B. Molina Emilia B. Molina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-95 (305) 598-0684

Date

Signature Page 2