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Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 33173-1763



3. Date Incorporated or Qualified
09/14/1984

3a. Date of Last Report
05/01/1996

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

21 528 NE 26 TERRACE

Suite, Apt. #, etc.

22

City & State

23 Miami, FL

Zip

24 33137

Country

25 USA

2a. Mailing Address

26 528 NE 26 TERR

Suite, Apt. #, etc.

27

City & State

28 Miami, FL

Zip

29 33137

Country

30 USA

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 MILA BENEKE

82 Street Address (P.O. Box Number is Not Acceptable)
528 N.E. 26 TERRACE

83

84 City Miami

FL

85 Zip Code
33137

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 Mila Beneke - MILA BENEKE - President

2-6-97

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 PT ☐ DELETE
NAME MOLINA, EMILIA B
STREET ADDRESS 6405 SW 116 PL, #H
CITY - ST - ZIP MIAMI FL

TITLE D ☐ DELETE
NAME WISWELL, LAURA
STREET ADDRESS 19731 SW 89 AVE
CITY - ST - ZIP MIAMI FL

TITLE DST ☐ DELETE
NAME WISWELL, LANA K
STREET ADDRESS 19731 SW 89 AVE
CITY - ST - ZIP MIAMI FL

TITLE D ☐ DELETE
NAME SAGRERA, ANA
STREET ADDRESS 6405 SW 116 PL, #H
CITY - ST - ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PT ☐ Change ☐ Addition
1.2 NAME BENEKE, MILA
1.3 STREET ADDRESS 528 NE 26 TERRACE
1.4 CITY - ST - ZIP

2.1 TITLE D ☐ Change ☐ Addition
2.2 NAME Phillips, LAURA
2.3 STREET ADDRESS 19731 SW 89 AVE
2.4 CITY - ST - ZIP Miami, FL

3.1 TITLE DST ☐ Change ☐ Addition
3.2 NAME WISWELL, LANA
3.3 STREET ADDRESS 19731 SW 89 AVE
3.4 CITY - ST - ZIP Miami, FL

4.1 TITLE D ☐ Change ☐ Addition
4.2 NAME Chamorro, ANA
4.3 STREET ADDRESS 528 NE 26 Terrace
4.4 CITY - ST - ZIP Miami, FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
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: Mila Beneke - MILA BENEKE

2-6-97 (305) 573-4966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)