

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 02, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # N96000001271**

1. Entity Name

**BENEVOLENT 195, INC.**



Principal Place of Business

**C/O ARTHUR MESTEL  
4200 HILLCREST DR. #120  
HOLLYWOOD, FL 33021**

Mailing Address

**C/O MARTIN DERINGER  
12650 SW 6ST, #101  
PEMBROKE PINES, FL 33027**



02272006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-1788313**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SOBEL, AARON R ESQ  
2020 NE 163 ST  
SUITE 300  
NORTH MIAMI BEACH, FL 33162**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	MESTEL, ARTHUR
STREET ADDRESS	4200 HILLCREST DR. #120
CITY - ST - ZIP	HOLLYWOOD, FL 33021
TITLE	VD
NAME	DERINGER, MARTIN
STREET ADDRESS	12650 SW 6TH ST #101
CITY - ST - ZIP	PEMBROKE PINES, FL 33027
TITLE	SD
NAME	PIENN, JOEL
STREET ADDRESS	845 NE 206 STREET
CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	D
NAME	METZ, GERALD
STREET ADDRESS	978 NAUTILIS ISLE
CITY - ST - ZIP	DANIA BEACH, FL 33004
TITLE	D
NAME	MILLER, LEWIS
STREET ADDRESS	1400 SW 124 TERRACE #109
CITY - ST - ZIP	PEMBROKE PINES, FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Martin Deringer* **MARTIN DERINGER** 2/27/06 954-431-2926