

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

05 MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000044336 (4)

1. Corporation Name

SILICON BEACH GRAPHIX, INC.

Principal Place of Business

**2234 N FEDERAL HIGHWAY
SUITE 314
BOCA RATON FL 33431**

Mailing Address

**2234 N FEDERAL HIGHWAY
SUITE 314
BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Reincorporated 06/16/1993	3a. Date of Last Meeting 04/27/1994
4. FEI Number 65-0420862	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 (1932 Florida Statutes) ☒ Yes ☐ No	

2. Prior Report Due Date	2a. Mailing Address
21. State Agent	26. State Agent
22. City & State	27. City & State
24. City	29. City
25. State	30. State

9. Name and Address of Current Registered Agent

**RIOS, JOSE III
2234 N. FEDERAL HIGHWAY
SUITE 314
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0532 and 607.1008, 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 provisions of Sections 607.0532 (5)(a), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent's Representative)

(Signature of Registered Agent or Registered Agent's Representative)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME P RIOS, JOSE 12.2 STREET ADDRESS 328 EASTWOOD TERRACE 12.3 CITY & STATE BOCA RATON FL 33431		13.1 NAME ☐ Change ☐ Addition	
12.4 NAME VT CUERVO, MAURICIO 12.5 STREET ADDRESS 6574 NEWPORT LAKE CIRCLE 12.6 CITY & STATE BOCA RATON FL 33496		13.2 NAME ☐ Change ☐ Addition	
12.7 NAME		13.3 NAME ☐ Change ☐ Addition	
12.8 NAME		13.4 NAME ☐ Change ☐ Addition	
12.9 NAME		13.5 NAME ☐ Change ☐ Addition	
12.10 NAME		13.6 NAME ☐ Change ☐ Addition	
12.11 NAME		13.7 NAME ☐ Change ☐ Addition	
12.12 NAME		13.8 NAME ☐ Change ☐ Addition	
12.13 NAME		13.9 NAME ☐ Change ☐ Addition	
12.14 NAME		13.10 NAME ☐ Change ☐ Addition	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/95 (305)4209176

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Montiam
Secretary of State
Division of Corporations

APPROVED
AND
FILED

DOCUMENT # P93000045066 (6)

1. Corporation Name

BENECIA CORPORATION

06/21/1993

SECRET
TALLAHASSEE, FLORIDA

Principal Place of Business

5960 S.W. 2ND TERRACE
MIAMI FL 33144

Mailing Address

5960 S.W. 2ND TERRACE
MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1993

3a. Date of Last Report

08/15/1994

4. FFI Number

65-0420824

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 § 199.032,
Florida Statutes.

☒ Yes ☐ No

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

24. ZIP

25. Locality

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. ZIP

29. Locality

9. Name and Address of Current Registered Agent

RAMIREZ, GUILLERMO O
5960 S.W. 2ND TERRACE
MIAMI FL 33144

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 607.0542 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

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RAMIREZ, GUILLERMO O
STREET ADDRESS	5960 SW 2ND TERR.
CITY, ST, ZIP	MIAMI FL 33144
TITLE	DS
NAME	RAMIREZ, DIGNA
STREET ADDRESS	5960 SW 2ND TERR.
CITY, ST, ZIP	MIAMI FL 33144
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. NAME	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. NAME	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. NAME	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. NAME	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is accurately furnished and that I am duly qualified for the position stated in line item 1 of this filing. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and validity as if I am an officer or director of the corporation or the owner or holder of shares owned by me as reported by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an affidavit with an address.

SIGNATURE:

Guillermo Ramirez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUILLERMO RAMIREZ
President 5/17/95

(305) 5419820