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Jan 16 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 # P93000045066 (6)

1. Corporation Name  
BENECIA CORPORATION



Principal Place of Business: 5960 S.W. 2ND TERRACE MIAMI FL 33144  
Mailing Address: 5960 S.W. 2ND TERRACE MIAMI FL 33144-3321

3. Date Incorporated or Qualified: 06/21/1993  
3a. Date of Last Report: 04/16/1996

2. Principal Place of Business: 21  
2a. Mailing Address: 26

4. FEI Number: 65-0420824  
Applied For: Not Applicable

Suite, Apt. #, etc.: 22  
27

5. Certificate of Status Desired:   
\$8.75 Additional Fee Required

City & State: 23  
28

6. Election Campaign Financing Trust Fund Contribution:   
\$5.00 May Be Added to Fees

Zip: 24  
Country: 25  
29  
30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: DP  
NAME: RAMIREZ, GUILLERMO O  
STREET ADDRESS: 5960 SW 2ND TERR.  
CITY-ST-ZIP: MIAMI FL 33144

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE: DS  
NAME: RAMIREZ, DIGNA  
STREET ADDRESS: 5960 SW 2ND TERR.  
CITY-ST-ZIP: MIAMI FL 33144

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
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 enlarged, or on an attachment with an address.

SIGNATURE:

*Guillermo O. Ramirez* President

1/6/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0201166

CR2E034 (9/96)