

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
General B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 11 PH 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000005053 (1)**

1. Corporation Name
BEN & BOB'S, INC.

Principal Place of Business Mailing Address
**1428 BRICKELL AVE.
SUITE 400
MIAMI FL 33131** **1428 BRICKELL AVE.
SUITE 400
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
01/11/1994

4. FEI Number Applied For
65-0464447 Not Applicable

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

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

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

2. Principal Place of Business 2a. Mailing Address

21. State, Apt. #, etc. 26. State, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip Country 30. Country

9. Name and Address of Current Registered Agent

**WEINER, LAWRENCE
1428 BRICKELL AVE.
SUITE 400
MIAMI FL 33131**

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 (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SECRETARY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINER, LAWRENCE	1.2 NAME	
STREET ADDRESS	1428 BRICKELL AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33131	1.4 CITY - ST - ZIP	
TITLE	PRESIDENT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT MASSAVE	2.2 NAME	
STREET ADDRESS	1260 MANOR DR. S.W.	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE, FLA 33326	2.4 CITY - ST - ZIP	
TITLE	CHAIRMAN OF BOARD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEN LAURENZO	3.2 NAME	
STREET ADDRESS	16385 WEST DIXIE HWY	3.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI BEACH 33160	3.4 CITY - ST - ZIP	
TITLE	VICE PRESIDENT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID LAURENZO	4.2 NAME	
STREET ADDRESS	16385 WEST DIXIE HWY	4.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI BEACH 33160	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **ROBERT MASSAVE** **4/03/95** **305 782-2501**

(Signature) (Name) (Date) (Telephone Number)