

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 9:58

DOCUMENT # P94000040492 (8)

1. Corporation Name
BEN-MONT, INC.

Principal Place of Business
15974 W STATE RD 84
SUITE 306
SUNRISE 33 326

Mailing Address
15974 W STATE RD 84
SUITE 306
SUNRISE 33 326

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified **05/31/1994** 3a. Date of Last Report

4. FEI Number **65-0502343** Applied For Not Applicable

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

6. Election Campaign Financing **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under S. 193.032, Florida Statutes Yes No

2. Principal Place of Business

21 **331 LAWRENCE DR.** 26 **1304 SW. 160th AVE.**
State, Apt. #, etc. State, Apt. #, etc.

22 **104** 27 **133**
City & State City & State

23 **FT. LAUDERDALE, FLORIDA** 28 **SUNRISE, FLORIDA**
Zip Country Zip Country

24 **33326** 25 **USA** 29 **33326** 30 **USA**

8. Name and Address of Current Registered Agent

EDE, DOUGLAS E
C/O DAVIS, SCOTT, WEBER & EDWARDS
66 W FLAGLER ST SUITE 1100
MIAMI 33 33130

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 607.1504, Florida Statutes, the above-named corporation submits the 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 _____ DATE _____
(Signature of the person who prepared, filed and the registered agent or registered agent for registered agent)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MONTGOMERY, ROBERT
STREET ADDRESS	15974 W STATE RD 84 #206
CITY, ST, ZIP	SUNRISE FL 33326
TITLE	D
NAME	BENAVENTE, JOSE A
STREET ADDRESS	15974 W STATE RD 84 #206
CITY, ST, ZIP	SUNRISE FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VIT/STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MONTGOMERY, ROBERT
13 STREET ADDRESS	1304 SW. 160th AVE #133
14 CITY, ST, ZIP	SUNRISE, FLORIDA 33326
21 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	BENAVENTE, JOSE A.
23 STREET ADDRESS	1304 SW. 160th AVE. #133
24 CITY, ST, ZIP	SUNRISE, FLORIDA 33326
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 191.02(9)(b), Florida Statutes. 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 as if made under oath. If I am an officer or director of the corporation or the receiver or trustee empowered to execute this report, as required by Chapter 192, Florida Statutes, and that my name appears in Block 12 or Block 13, I have changed, or on an alternate filing with an address.

SIGNATURE: *Robert Montgomery* **Robert Montgomery, Vice President 2/19/95**
(Signature and Printed Name of Signing Officer or Director)

(305) 387-2520