FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

-1 PM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000063506 (7)**

1. Corporate Name

BENJAN'S ENTERPRISES, INC.

Principal Place of Business

13605 JEFFERSON ST
MIAMI FL 33176

Mailing Address

13605 JEFFERSON ST
MIAMI FL 33176

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **06/29/1994**

3a. Date of Last Report:

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # or other — 22

Suite, Apt. # or other — 27

City & State — 23

City & State — 28

Zip — 24 — County — 25

Zip — 29 — County — 30

4. FEI Number: **65-0518030** — 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. The corporation is eligible to engage in business in Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

BERNARD, ANTHONY
16201 SW 95TH AVE SUITE 109
MIAMI FL 33157

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 Section 607.1622 and 607.1623, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS

001	DP
NAME	CONNOR, AUSTIN
STREET ADDRESS	13605 JEFFERSON ST
CITY-ST-ZIP	MIAMI FL 33176
002	DV
NAME	CONNOR, JANET
STREET ADDRESS	13605 JEFFERSON ST
CITY-ST-ZIP	MIAMI FL 33176
003	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
004	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
005	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
006	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS

051		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
052		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
053		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
054		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
055		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
056		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I hereby certify that the information supplied with this report is true, voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 above, or on an attachment with an address.

SIGNATURE: X _____ Austin Connor — 5/27/95 — (305) 233-0188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0191652 CP