## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED** Apr 28 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P95000005087 (8) BENGEN CORP. Principal Place of Business Mailing Address 100 NW B2ND AVE 100 NW B2ND AVE SUITE 302 SUITE 302 DO NOT WRITE IN THIS SPACE **PLANTATION FL 33324** PLANTATION FL 33324 3. Date Incorporated or Qualified 01/20/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0555156 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees ZiD Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 KAUFMAN, IRWIN Name 2220 NW 103RD AVE 82 Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33026 83 84 City 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 Signature, typed or proteo name of registered agent and title if applicable (NOTE. Registered Agent eignature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE DISPENZIERE, BENEDETTO J. J NAME 1.2 NAME 100 NW 82 AVENUE #302 STREET ADDRESS 1.3 STREET ADDRESS PLANTATION FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE **WOLTER, EUGENE** NAME 22 NAME 100 NW 82 AVENUE #302 2.3 STREET ADDRESS STREET ADORESS PLANTATION FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME

14. Thereby 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 receivor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in nt with an address Benepetto J.

Fill CRHFF D

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change

4/24/90 (954)370-3003

Addition

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

NAME STREET ADORESS

TITLE

NAME

CITY - ST - ZIP

STREET ADDRESS