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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000012450 (9)

JUAN F. BENITEZ, C.P.A., P.A.

Princ	ipal I	Place of	Busine	55
	<b>-</b>			

Mailing Address

2381 S.W. 90TH COURT MIAMI FL 33155 2381 S.W. 80TH COURT MIAMI FL 33155-1261

## FILED Mar 04 1997 8:00am Secretary of State



MIAMI FL 3315	5	MIAMI FL 33155-1261			
				3. Date Incorporated or Qualified 02/14/1995	3s. Date of Last Report 03/22/1996
2. Principal Pr	lace of Husiness	2a. Mailing Address		4. FEI Number	Applied For
21		[26]		65-0554826	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	8. This corporation has liability for it	tangible tax under s. 199.032,
24	25	29	30	Florida Statutes	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Reg	istered Agent
	IITEZ, JUAN F		81 Name		
•	) S.W. 115TH AVENUE MI FL 33165			Address (P.O. Box Number is Not Acceptabl 865 SW 36 ST	е)
			84 City	AMI	FL 85 Zip Code 33165
11 Purcuant	to the provisions of Sections 607.050	2 and 607 1508 Florida Stati		corporation submits this statement for the pu	
office or r agent ± a	egistered agent, or both, in the State in familiar with, and accept the oblig	eof Florida. Such change was	authorized by the corr	poration's board of directors. I hereby accept	the appointment as registered
SIGNATURE	Signature, typed or peroted rome of registered ag	ent and title it applicable (NC	TE: Registered Agent signature	required when reinstating)	DATE
12.	OFFICERS AN	D DIRECTORS	13,	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TILL	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	Benitez, Juan F		1.2 NAME		
STREET ADDRESS	5030 S.W. 115TH AVE.		1.3 STREET ADDRESS	10865 SW 36 SI	
CITY-ST ZiP	MIAMI FL		1.4 CHY-ST-ZIP	MIAMI FL 33165	
TiTLE	D	☐ DELETE	2 1 TITLE		Change   Addition
NAME	BENITEZ, MARVELIA		2 2 NAME		
STREET ADDRESS	5030 S.W. 115TH AVE.		2 3 STREET ADDRESS	10865 SW 36 ST	
COY-SI-ZIF	MIAMI FL		2 4 CITY-ST-ZIP	MIAMI FL 33165	***************************************
TITLE	D	L DELETE	3 1 TITLE		X Change Addition
NAME	BENITEZ, JUAN M		3.2 NAME		
\$TREET ADDRESS	5030 S.W. 115TH AVE.		3.3 STREET ADDRESS	10865 SW 36 SI	
CITY-ST-ZIP	MIAMI FL		3 4. CITY - ST - ZIP	MIAMI FL 33165	
TITLE	\$	DELETE	4.1 THTLE		Change Addition
NAME	DON MARIA		4. 2 NAME		
STREET ADORESS	6881 SW 5TH ST		4.3 STREET ADDRESS		
CITY-ST-7IP	PEMBROKE PINES FL 33023		4.4 CITY - ST - ZIP	7112	
10°LE		L_I DELETE	5.1 TITLE		Change Addition
NAM <u>E</u>			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
C TY - ST - ZVP			5 4 CITY-ST-ZIP		
THILE		☐ DELFTE	61 TITLE		Change Addition
NAM:			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
Crty - ST - 7IP	<u> </u>		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 changed, or of an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED

NUMBER OF SIGNING FEICER OF DIRECTOR

2/18/97 (205)261-858