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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000012450 1. Corporation Name

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

Principal Place of Business	Mailing Address	_			
2381 S.W. 80TH COURT MIAMI FL 33155	2381 S.W. 80TH COURT MIAMI FL 33155				

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90040 033 ***150.00



DO NOT WRITE IN THIS SPACE

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							ſ	3. Date Incorporated or Qualifed		j		
								02/14/1995				
2. Principal Pl	ace of Business	2a. Mailing	2a. Mailing Address					4. FEI Number	Ar	oplied For		
21	26							65-0554826		ot Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.								5. Certificate of Status Desired Fee Required				
City & State		27 City &	State		-		-	_ 				
23	28						6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
Zip	Country	Zip						8. This corporation owes the current year Intangible				
24	25	25 29 30				Personal Property Tax.				X Yes □ No		
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent				
				ļ	81	Name				1		
Benitez, Juan F				82 Street Addr			ddross	ress (P.O. Box Number is Not Acceptable)				
10865 SW 36TH ST					Street Address (P.O. Box Number is Not Acceptable)					_		
MAIM	AI FL 33165				83							
					84	City		F-1 8	S Zip	Code	i	
	\wedge		<u> </u>		\perp	· .		FL			i	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508	, Florida Statutes,	the at	ove by t	-named co	orpora ation's	ation submits this statement for the purpose of cha	inging its ent as re	s registered egistered	ı	
agent. I a	m familiar with, and accept the obligat	ions of, Section	607.0505, Florida	Statu	ites.	ino dorpon		s board of directors. I hereby accept the appointm		1		
SIGNATURE	Itmile	••						_21_11_	99			
- CICITATIONE	Signature, typed or printed name of registered agent				Agent	signature req	uired wh	hen reinstating) BATE	1/	200 IN 42	ó	
12.	OFFICERS ANI	DIRECTORS		13.				ADDITIONS/CHANGES TO OFFICERS AND D			, ?	
TITLE	PD .	` >	☐ DELETE	1.1 TITU				L] Change	☐ Addition	Ξ	
NAME	BENITEZ, JUAN F		14			1.2 NAME					. 3	
STREET ADDRESS	10865 S.W. 36 SI			1.3 STREET ADDRE		ADDRESS		•		!	ׅׅׅ֝֟֝֝֝֝֟֝֝֝֟֝֟֝֝֝֟֟	
CITY-ST-ZIP	MIAMI FL			1,4 CITY-ST-ZIP							į	
TITLE	D DELETE			2.1 TITLE] Change	Addition	,	
NAME	BENITEZ, MARVELIA			2.2 NAME						1	i	
STREET ADDRESS	10865 S.W 36 SI		2.3 STREET ADDRESS						ļ	ļ		
CITY-ST-ZIP.	MIAMIFL				2.4 CITY-ST-ZIP						=	
TITLE	D DELETE			3.1 TITLE					Change	☐ Addition	i	
NAME	BENITEZ, JUAN M			3.2 NA	ME						ı	
STREET ADDRESS	10865 S.W. 36 SI			3.3 STREET ADDRESS							ı	
CITY-ST-ZIP	MIAMI FL			3.4. CITY-ST-ZIP					_			
TITLE	S DELETE			4.1 TITLE					Change	☐ Addition	ı	
NAME	DON, MARIA			4. 2 NAME							ı	
STREET ADDRESS	6881 SW 5TH ST			4.3 STREET ADDRESS							f	
CITY-ST-ZIP	PEMBROKE PINES FL 33023				4.4 CITY-ST-ZIP						i	
TITLE	DELETE				5.1 TITLE] Change	Addition	ı	
NAME				5.2 NAME							ı	
STREET ADDRESS	'			5.3 ST	REET	ADDRESS				Į	ŀ	
CITY-ST-ZIP	1				5.4 CITY-ST-ZIP						l	
TITLE :	☐ DELETE				6.1 TITLE			. [Change	☐ Addition		
NAME				6.2 NA	ME	1				1	ı	
STREET ADDRESS				6.3 ST	REET	ADDRESS				ļ	1	
CITY-ST-ZIP				6.4 CT	TY-ST	-ZIP					i	
14. I hereby o	certify that the information supplied wit	th this filing doe	s not qualify for th	e exe	mptio	on stated i	in Sec	ction 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 ar officer or director of the comporation 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 on an attachment with an address, with all other like empowered.

SIGNATURE: