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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Jan 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000079197 (6)

BENITEZ MAINTENANCE SERVICES, INC.

Principal Place of Business 2339 SW 17 TERRACE MIAMI FL 33145 US				Mailing Address 2339 SW 17 TERRACE MIAMI FL 33145-2423 US									
							1		3. Date Incorporated or Qualified 10/16/1995		ate of Last R /02/1996	leport	
2. Principal Place of Business 21				2a. Mailing Address					4. FEI Number 65-0612695			optied For ot Applicable	
Suite, Apt #, etc.				Suite. Apt. #, etc.					5. Certificate of Status Desired		\$8.75		
City & State				City & State					Election Campaign Financing Trust Fund Contribution			May Be	
Zip 24	Country 25			7(p Cou				8. This corporation has liability for in Florida Statutes			ntangible tax under s. 199.032, Yes No		
 		ind Address of Cui		stered Agent			************		10. Name and Address of New R	egistered	Agent		
BEN	ITEZ, RAUL	J			,	81	Nam	e					
2339 SW 17 TERRACE MIAMI FL 33145						82	Stree	Street Address (P.O. Box Number is Not Acceptable)					
WHAT	MI LE 22142					83							
						84	City			FL	85 Zip	Code	
office or r	registered age am familiar with	int, or both, in the St	late of Flor oligations o	ida. Such change wa of, Section 607,0505,	as authoria Florida S	zed by tatutes	the co	orporation	oration submits this statement for the on's board of directors. I hereby account d when reinstaling)				
12.		OFFICERS			1				ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	RS IN 12	
TITLE	D			DELETE	1.1	TITLE					Change	Addition	
NAME	BENITEZ,				1.2	NAME							
STREET ADDRESS	_	17 TERRACE			1.3	STREET	ADDRESS	s					
CITY-ST-ZIP	MIAMI FL				1.4	CITY-S	T - ZIP						
TITLE				DELETE	2.1	TITLE	·				Change	Addition	
NAME					2.2	NAME							
STREET ADDRESS					2.3	STREET	ADDRES	s					
CHTY - ST - Z-P						4 CITY-5	ST - ZIP						
THE				☐ DELETE	3.1	TITLE					Change	Addition	
NAME					3.2	NAME							
STREET ADDRESS					3.3	STREET	ADDRES	s					
CITY-ST-ZIF				Document		CITY-S	ST-ZIP					A Juliu	
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NAME						2 NAME		_					
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TITLE				T DETEL		TITLE					الله مارين لت	(Control)	
NAME						NAME	******	.					
STREET ADORESS							ADDRES	»					
CHY-S1-2IF	<u> </u>			DELETE		I CITY-S I TITLE	ı - ZIP				Change	Addition	
TITLE				☐ \nu \text{\text{tt}}							Unange	Li radillott	
NAME OTREET ADDRESS						2 NAME a street	ANDRES						

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 on an attachment with an address.

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