

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 # P96000034478

1. Corporation Name

BENITO'S ALL SERVICE CORP

Principal Place of Business

Mailing Address

**12333 SW 32 TERR
MIAMI, FL 33175**

**12333 SW 32 TERR
MIAMI, FL 33175**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

**BENITO LOPEZ
12333 SW 32 TERR
MIAMI, FL 33175**

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 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]

12. OFFICERS AND DIRECTORS

TITLE **DIRECTOR** [DELETE]
NAME **BENITO LOPEZ**
STREET ADDRESS **12333 SW 32 TERR**
CITY-ST-ZIP **MIAMI, FL 33175**

TITLE [DELETE]
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [DELETE]
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [DELETE]
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [DELETE]
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [DELETE]
NAME
STREET ADDRESS
CITY-ST-ZIP

13

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ADDITIONAL CHARGES TO OFFICERS AND DIRECTORS IN 12

600002817606--7
-03/25/99--01003--016
*****150.00 ***150.00**

[Signature]

14. I hereby certify that the information supplied with this filing does not qualify for the exemption under Section 119.07(9), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath by the officer or director of the corporation or the receiver or trustee empowered to execute this report in response to Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on the Attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13-15-99

99 MAR 17 PM 1:06

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/19/96

4. FID Number

65-0659866

Applied For Not Applicable

5. Cert State of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax

Yes No

10. Name and Address of New Registered Agent

CR2E004 (1-1-98)