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PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P96000034707 (5) **DOCUMENT** #

BENY ENTERPRISES, INC.

FILED Mar 18 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 1181 S.W. 139TH COURT 1181 S.W. 139TH COURT MIAMI FL 33184-2777 MIAMI FL 33184-2777 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/22/1996 4. FEI Numbe 2. Principal Place of Business 2a. Mailing Address Applied For 26 65-0667073 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Country Zιρ Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. TYPES 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BENITO, HERIBERTO 1181 S.W. 139TH COURT Street Address (P.O. Box Number is Not Acceptable) 82 MIAMI FL 33184-2777 83 84 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, typed or printed name of registered against and title if applicable (NOTE: Registered Agent signature required when reinstating) (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE ☐ Change Addition BENITO, HERIBERTO NAME 1.2 NAME 129 NW 14TH AVE., STE. 2 1.3 STREET ADORESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE 2.1 TITLE Addition TITLE NAME BATISTA, LAZARO 2.2 NAME 8011 W. 6TH AVE., APT. F STREET ADDRESS 2.3 STREET ADDRESS HIALEAH FL 33014 CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE 3.1 TITLE ☐ Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-7IP Addition DELETE Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY - ST - ZIP

14. I 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 a statistical statistic in 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 a statistic in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the corporation of

SIGNATURE:

HI CHARLED

January 20/98 (305) 485-0809