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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Merham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000048463 (9)

BENSUE REAL ESTATE INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

FILED 97 APR -3 PM 2: 58

SECRETARY OF STATE TALLAHASSEE, FLORIDA



NOOS EAST 147 YAMPA FL 836		4802 EAST 14TH AVENUE TAMPA FL 33605-4635	Ē					
:					3. Date Incorporated or Qualified 06/06/1996	3a. Date of	Last Report	
2. Principal Pi	lace of Business	26. Mailing Address 26			4. FEI Number 338364	2	Applied For Not Applica	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	В		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	Zip 29	Countr 30	y 	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			' ,
1 dE	9. Name and Address of Current RILAWYER CHARTERED	nt Hegistered Agent	81	Name	10. Name and Address of New Reg	jistered Ager	<u></u>	
343	ALMERIA AVENUE TAL GABLES FL 33134		82		dress (P.O. Box Number is Not Acceptable	le)		
	AIT OLDERA LE DOLOA		83	· · · · · · · · · · · · · · · · · · ·				
*	1	11h	84	City		FL 85	Zip Code	
office or re agent. I as	to the provisions of Sections 607.05.0 gistered agent, or both, in the State of familiar with, and accept the editor taw enge. Standard provided name of Nation is a	Alogs 01/39070 617 0505 [1 ege17,777 A., doi	lorida Statute ng busi	ness a	rporation submils this statement for the parties board of directors. I hereby accepted the parties of the parti	t the appointm	nent as registere	rd
12.	OFFICERS AND	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE			
TITLE	PSTD PEN O						Change	ition
NAME BENEDICT, BEN G STREET ADDRESS CITY-ST-ZIP TAMPA FL 33605				T ADDRESS	3000021 *****169	7 of to	03-001 ***165.00	}
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STREET ADDRESS CITY-ST-ZIP			3.3 STREE 3.4. CITY	T ADDRESS				
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CITY-ST-ZIP			4.4 CHY-	S1 - ZIP			, — I—	***
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TITLE		DELETE	6.1 TITLE	31-21	11/1/20/1-		Change	ition
NAME		-	6.2 NAME		CATOL:		• —	
STREET ADDRESS				1 ADDRESS	-41			
CITY-ST-ZIP			6.4 CITY -	S1-2IP				

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.