SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000072771 (4)

ELSA BENITEZ, INC.

Principal Place of Business

8180 S.W. 47TH AVENUE

Mailing Address

8180 S.W. 47TH AVENUE MIAMI FL 33142



97 OCT - 6 (M 9: 50

SECRETARE DE STATE TALLA HASSEY, FLORIDA

MIAMI FL 331	42	MIAMI FL 33142	MIAMI FL 33142		DO NOT WRITE IN THIS SPACE	
				3. Date incorporated or Qualified 09/03/1996	3a. Date of Last Report	
2. Principal P	lace of Business	2a. Mailing Address 🗸 o	Lique Valdez & Asso.	4. FEI Number	Applied For	
21		26 375 Park	Ave.	65-0691230	Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.	3707	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	e	City & State 28 New York	ck, NY	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has pai		
24	26	29 1015	30 (25,	Personal Property Tax due June		
LAMI		of Current Registered Agent	81 Name	10. Name and Address of New Reg	gistered Agent	
C/0	LNER, ROBIN I ESQ) HERZFELD & RUBIN : BRICKELL AVENUE #1	1501	[]	ess (P.O. Box Multibell Walladorpiers	3180638 9701098018	
	MI FL 33131		83	****S5(
			84 City		FL 85 Zip Code	
11. Pursuant office or reagent. La	to the provisions of Section egistered agent, or both, in m familiar with, and accept	is 607,0502 and 607,1508, Florida Statul i the State of Florida. Such change was a the obligations of, Section 607,0505, Flo	es, the above-named corporation of the corporation	oration submits this statement for the proon's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered	
SIGNATURE				1	1 -	
12.		registered agent and little if applicable (NOT) CERS AND DIRECTORS	E: Registered Agent signature require		EDS AND DIDECTORS IN AS	
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition	
NAME	BENITEZ, ELSA		1.2 NAME		C custable C vontrion	
STREET ADDRESS	8180 S.W. 47TH AVE	NUE	1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33142		1.4 CITY-ST-ZIP			
TITLE		DELETE	21 TITLE		Change Addition	
NAME			2 2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY - ST - ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-S1-ZIP			
TITLE		☐ DFLETE	4.1 TITLE		L Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS		·	
CITY-ST-ZIP		T or co	4.4 City-St-ZiP			
TITLE		☐ DELF1E	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS	•		
CITY-ST-ZIP		Driese	5.4 CITY - ST - ZIP		1700-	
TITLE		☐ DELFTE	6.1 TITLE	\ 'Y .	Change L Addition	
NAME			6.2 NAME	9	/Y/VL	
STREET ADDRESS			6.3 STREET ADDRESS	WY.	, O	

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.