

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Horbman
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 Oct 08 1998 8:00am
 Secretary of State

0112422

DOCUMENT # P96000072771 (4)

1. Corporate Name
ELSA BENITEZ, INC.

Principal Place of Business
**8180 S.W. 47TH AVENUE
 MIAMI FL 33142**

Mailing Address
**C/O LOALE VALDEZ & ASSOCIATES
 375 PARK AVE., STE. 3707
 NEW YORK NY 10152**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 | Street, Apt. No., etc.
 22 | City & State
 23 | Zip
 24 | Country

26 | 1767 Sentry Parkway West
 27 | Suite 320
 28 | Blue Bell, PA
 29 | 19422-2245
 30 | U.S.A.

9. Name and Address of Current Registered Agent

**WILLNER, ROBIN I ESQ
 C/O HERZFELD & RUBIN
 801 BRICKELL AVENUE #1501
 MIAMI FL 33131**

81 | Name
 82 | Street Address (P.O. Box Number is Not Acceptable)
 83 |
 84 | City
 85 | Zip Code

FL

3. Date Incorporated or Qualified

09/03/1996

4. FEI Number

65-0691230

5. Certificate of Status Desired

Applied For
 Not Applicable
 \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of sections 607.002 and 607.003, 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 607.005, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Secretary of State

DATE

12. OFFICERS AND DIRECTORS

101	D	<input type="checkbox"/> Officer
NAME	BENITEZ, ELSA	
STREET ADDRESS	8180 S.W. 47TH AVENUE	
CITY STATE	MIAMI FL 33142	
102		<input type="checkbox"/> Director
NAME		
STREET ADDRESS		
CITY STATE		
103		<input type="checkbox"/> Officer
NAME		
STREET ADDRESS		
CITY STATE		
104		<input type="checkbox"/> Director
NAME		
STREET ADDRESS		
CITY STATE		
105		<input type="checkbox"/> Officer
NAME		
STREET ADDRESS		
CITY STATE		
106		<input type="checkbox"/> Director
NAME		
STREET ADDRESS		
CITY STATE		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

111	P/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
112		
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115		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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119		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I hereby certify that the information given by me in this filing does not qualify for the exemptions stated in section 119.07(3)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the registered agent or preparer of this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this filing, or on an attached filing with this filing.

SIGNATURE: *Elsa Benitez* P/S/T ELSA BENITEZ By MICHAEL P. ROBBINS, Secretary of State

CR2E064 (5-98)