

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

PROFIT CORPORATION  
ANNUAL REPORT  
1998

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

FILED

98 MAR -6 PM 2:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 96000104419

1. Corporation Name

Benny's Market, Inc.

Principal Place of Business Mailing Address

18 Jefferson Ct. S. Same  
St. Petersburg, FL 33711

3. Date Incorporated or Qualified 12/96 3a. Date of Last Report 1997

4. FEI Number Applied For ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees ☐

6. Election Campaign Financing Trust Fund Contribution ☐

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

T.S. Chechele  
5625 Central Avenue  
St. Petersburg, FL 33710

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

100002452401-8

-03/10/98--01068--003

\*\*\*\*150.00 \*\*\*\*150.00

FL 85 Zip Code 00

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 appointments registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME Edgar G. Pisani - Pres ☐ DELETE  
STREET ADDRESS 18 Jefferson Ct. S.  
CITY - ST - ZIP St. Petersburg, FL 33711

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE NAME Ramon AVENDANO ☒ DELETE  
STREET ADDRESS V-P / Secretary  
CITY - ST - ZIP 6740 Crosswinds Dr. Suite L-1  
St. Petersburg, FL 33710

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE NAME Luis Campuzano ☐ DELETE  
STREET ADDRESS V/P - Secretary  
CITY - ST - ZIP 8419 121st Av. N.  
Largo, FL 33773

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME V/P Secretary  
3.3 STREET ADDRESS Luis Campuzano  
3.4 CITY - ST - ZIP 8419 121st Av. N.  
Largo, FL 33773

TITLE NAME ☐ DELETE  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE NAME ☐ DELETE  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE NAME ☐ DELETE  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

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.

SIGNATURE: Edgar G. Pisani President 3/2/98 813-381-6007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)