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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mo<u>rtham</u>

FILED

Mar 25 1998 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS**

P97000055029 (7) DOCUMENT #

BENLO TRADING CORPORATION, INC.

Mailing Address Principal Place of Business 2671 WEST 81ST STREET 2671 WEST 81ST STREET HIALEAH FL 33016 HIALEAH FL 33016 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/23/1997 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country Zip Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BENOLIEL, MAXWELL 2671 WEST 81ST STREET Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33016 83 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 to 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 will also the objection 607.0505, Florida Statutes. MAXWELL BENOVIEL **SIGNATURE** DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13 ___ Change Addition DELETE 1.1 TITLE TITLE BENOLIEL. MAXWELL 1.2 NAME NAME 2671 WEST 81ST STREET 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33016 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE LORENZO, VALENTIN 2.2 NAME NAME 8404 N.W. 66TH STREET 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33116** CITY - ST - ZIP 2. 4 CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME

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 on an attachment with an address. 3/6/90 (305/1189500

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP