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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000073265

1. Corporation Name
BENYCO, INC.

Principal Place of Business

8181 NW 36 ST SUITE 27-C
 MIAMI FL 33166

Mailing Address

8181 NW 36 ST SUITE 27-C
 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1997

4. FEI Number
 65-0781833

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

8. This corporation owes the current year Intangible
 Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 7122 NW 50 St

Suite, Apt. #, etc.

22

City & State

23 Miami FL

Zip Country

24 33166 25

2a. Mailing Address

26 7122 NW 50 St

Suite, Apt. #, etc.

27

City & State

28 Miami FL

Zip Country

29 33166 30

9. Name and Address of Current Registered Agent

ALENTADO ASSOCIATES, CO
 1149 SW 27TH AVE STE 203
 MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name Benjamin Alvarado

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

7122 NW 50 St

83

84 City

Miami

FL

85 Zip Code 33166

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

SIGNATURE

[Signature]
 Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME ALVARADO, BENJAMIN

STREET ADDRESS 7122 NW 50 STREET

CITY-ST-ZIP MIAMI FL 33166

TITLE VP ☐ DELETE

NAME ALVARADO, CONSTANZA

STREET ADDRESS 888 BRICKELL KEY DR APT710

CITY-ST-ZIP MIAMI FL 33166

TITLE T ☐ DELETE

NAME ALVARADO, FELIPE

STREET ADDRESS 888 BRICKELL KEY DR APT710

CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Benjamin Alvarado Jan 18/99

3055942233

CR2E034 (1/98)