2004 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 26, 2004 8:00 am Secretary of State **DOCUMENT # P98000029022** 08-26-2004 90001 026 ***150.00 BENZ INTERNATIONAL CORP. Principal Place of Business Mailing Address 8770 SUNSET DR 7460 SOUTHWEST 70TH TERRACE CYCOURA STE 429 MIAMI, FL 33143 MIAMI, FL 33173 US 2. Principal Place of Business 3. Mailing Address 7460 S.W. 70 Ter. Suite, Apt. #, etc. 07192004 Cha-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 65-0823570 Miami Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33143 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES, FL 33134 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS.\$150.00 corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. PSD ☐ Change Addition | ☐ Detete TITLE TITLE NAME VAZQUEZ, CARMEN M NAME 7460 SOUTHWEST 70TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33143 CITY-ST-ZIP VTD ☐ Delete TITLE ☐ Change ■ Addition TITLE FERNANDEZ, ANTONIO F NAME NAME 7460 SOUTHWEST 70TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33143 Addition ☐ Change ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7/P CITY-ST-ZIP Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. 305-663-5522 SIGNATURE:

FILED