

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

**FILED**

**Mar 11 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # S16869 (7)**

1. Corporation Name  
**BENLUS FABRICS, INC.**



Principal Place of Business: **70 NW 25TH STREET MIAMI FL 33127-4416**  
Mailing Address: **70 NW 25TH STREET MIAMI FL 33127-4416**

3. Date Incorporated or Qualified: **12/07/1990**  
3a. Date of Last Report: **01/29/1996**  
4. FEI Number: **65-0240756**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Country

2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country  
30. Country

9. Name and Address of Current Registered Agent  
**LAZARUS, HARVEY  
70 N.W. 25 STREET  
MIAMI FL**

10. Name and Address of New Registered Agent  
B1. Name  
B2. Street Address (P.O. Box Number is Not Acceptable)  
B3.  
B4. City  
B5. 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, 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.  
**ERIC LAZARUS PRESIDENT** **3/7/97**

SIGNATURE: *[Signature]*  
Signature of, title of, or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>LAZARUS, ERIC</b>	
STREET ADDRESS	<b>2166 NE 187 STREET</b>	
CITY - ST - ZIP	<b>N. MIAMI BEACH FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>LAZARUS, HARVEY</b>	
STREET ADDRESS	<b>9501 SW 105 AVENUE</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>LAZARUS, MICHAEL</b>	
STREET ADDRESS	<b>6100 NORTH BAY ROAD</b>	
CITY - ST - ZIP	<b>MIAMI BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **PRESIDENT** **3/7/97** **3055762690**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)