FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **S61041** **(7)**

1. Corporation Name
BENCO SYSTEMS, INC.

Principal Place of Business
7601 E. TREASURE DRIVE
SUITE 1903
NORTH BAY VILLAGE FL 33141

Mailing Address
7601 E. TREASURE DRIVE
SUITE 1903
NORTH BAY VILLAGE FL 33141

2. Principal Place of Business
21 1234 S. DIXIE HWY.
Suite, Apt. #, etc.
22 #336
City & State
23 CORAL GABLES, FL
Zip
24 33146
Country
25 USA

2a. Mailing Address
26 1234 SOUTH DIXIE HWY
Suite, Apt. #, etc.
27 # 336
City & State
28 CORAL GABLES, FL
Zip
29 33146
Country
30 USA

3. Date Incorporated or Qualified: 06/17/1991
3a. Date of Last Report: 02/28/1995
4. FEI Number: 65-0271497 ☐ 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

9. **Name and Address of Current Registered Agent**

BENAC, CID S., JR.
7601 E. TREASURE DRIVE
SUITE 1903
NORTH BAY VILLAGE FL 33141

10. **Name and Address of New Registered Agent**
81 Name: BENAC, CID
82 Street Address (P.O. Box Number is Not Acceptable): 4803 UNIVERSITY DR
83
84 City: CORAL GABLES FL 85 Zip Code: 33146

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] FEB 20th 96
DATE
NOTE: Registered Agent's signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BENAC, CID S., JR.	
STREET ADDRESS	7601 E TREASURE DR #1903	
CITY-ST-ZIP	N. BAY VILLAGE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	P	☐ Change ☐ Addition
1.2 NAME	BENAC, CID	
1.3 STREET ADDRESS	4803 UNIVERSITY DR.	
1.4 CITY-ST-ZIP	CORAL GABLES, FL, 33146	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] CID BENAC FEB 20th (305) 668-6891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)