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

STREET ADDRESS

SIGNATURE:

CITY - ST- ZIP

FILED PROFIT FLORIDA DEPARTMENT OF STATE Jan 15 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS Secretary of State 1998 DOCUMENT # (7)BENEFIT FINANCIAL, CORPORATION Principal Place of Business Mailing Address 2213 SW, 139TH AVE 2213 SW. 139TH AVE MIAMI FL 33175 MIAMI FL 33175 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/13/1992 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0307334 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes TI No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent NUNEZ, JOSE 2213 SW 139 AVE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33175 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, 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. シロロビ マ SIGNATURE dered agent and little if appl when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ☐ Addition TITLE 1.1 TITLE NUNEZ, JOSE A. NAME 1.2 NAME CR2E034 STREET ADDRESS 2213 SW 139TH AVE. 1.3 STREET ADDRESS MIAMI FL 33175 CITY-ST-ZIP 1.4 CITY - ST - ZIP ☐ DELETE Change Addition TITLE 2.1 TITLE LEON, ANTONIO NAME 2.2 NAME 10421 SW 142 AVE. 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33186** CITY-ST-ZIP 2. 4 CITY - ST - ZIF DELETE __ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CiTY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Chance TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

305-564-1359

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.

THE BLUSHINE!