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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** V16212

(5)

## BENEFIT MANAGEMENT CORPORATION OF PUERTO RICO

Principal Place of Business	
1200 S. PINE ISLAND RD. SUITE 300 PLANTATION FL 33324	

1. Corporation Name

Mailing Address



1200 S. PINE ISLAND RD. SUITE 300 PLANTATION FL 33324  1200 S. PINE ISLAND RD SUITE 300 PLANTATION FL 33324  PLANTATION FL 33324				Date Incorporated or Qualified     02/17/1992	3a. Date of Last Report 07/19/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0331104	Not Applicable
Suite, Apt. i	#, etc.	Suite Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Orty & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Žφ	Country	Zip	Gountry	8. This corporation has liability for it	····· · · · · · · · · · · · · · · · ·
24	25	29	30	Florida Statutes	
	9. Name and Address of Curre	nt Hegistered Agent	81 Name	10. Name and Address of New R	egistered Agent
COOP	IAN DADOVE		81 Name		
	IAN, PARRY F. PINE ISLAND RD		82 Street Add	dress (P.O. Box Number is Not Acceptab	e)
SUITE 3			83		
	TION FL 33324				
	11011 1 2 00024		84 City		FL 85 Zip Code
familiar wit	h, and accept the obligations of, Sec	tion 607.0505, Florida Statutes	sed by the corporation's bo. S	oration submits this statement for the purp and of directors. Thereby accept the appo	
	Signature, typed or printed name of registeres) agen		O'E. Begisterad Agest signatur in par	ad when translating	DAIL
12. TITLE	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
NAME	GOODMAN, PARRY F.	DELETE	1 1 TITLE		☐ Change ☐ Addition ☐ 월
STREET ADDRESS	1200 S. PINE ISLAND RD.		1.2 NAME		8
CITY - ST - ZIP	PLANTATION FL		1.3 STREET ADDRESS		<u> </u>
TITLE	I DATINION I'L	☐ DELETE	1 4 CITY - ST - ZIP 2 1 TITLE		CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
NAME			2 2 NAME		Change Addition
STREET ADDRESS			2.3 STHEET ADDRESS		
CITY - ST - ZIP			2 4 CITY - ST - ZIP		
TITLE		DELETE	3 1 TiTuE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHTY - ST - ZIP			34 CITY - S1 - Z-P		
THILE		DELETE	4 1 TifLE		Change Addition
NAME			4.2 NAME		_
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4 4 Cilly - ST - ZiP		
TITLE		□ DELETE	5 1 TITLE		Change Adortion
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIF		<b>53</b> PC C C	5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME STREET ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-S1-ZIP			6.4 C+TY - 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 each all report or supplieriental 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 original production or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if original continuent with an address.

**SIGNATURE:** 

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR