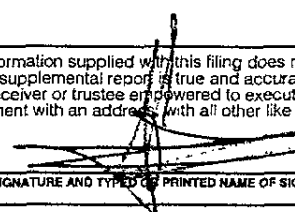


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 26, 2004 08:00 AM
Secretary of State**

DOCUMENT # V37682 1. Entity Name BENCON CORP.			
Principal Place of Business 5920 NW 111TH AVE MIAMI, FL 33178 US		Mailing Address 5920 NW 111TH AVE MIAMI, FL 33178 US	
DO NOT WRITE IN THIS SPACE			
		4. FEI Number 65-0334886	
		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VILA, EDUARDO B. 5920 NW 111 AVE MIAMI, FL 33178			
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	VILA, EDUARDO		
STREET ADDRESS	5920 NW 111 AVE		
CITY-ST- ZIP	MIAMI, FL 33178		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
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.			
SIGNATURE: 		EDUARDO VILA 02/23/04 - 305-597-9593	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	