COR ANNU	ICE: CORPORATION WILL BE DIN OR BEFORE 8/9/05: \$225 (IF DISSOLUTION PROPERTION LIAL REPORT	FLORIDA DEPAR Sandra E	RTMENT 3. Mortha ry of Sta	OF ST am ite	TATE	APT NOV AND FILED		Pg.	10/2	
DOCUMENT # V45717 1. Corporation Name BENEBIT AUTO BROKERS, FNC.						97 AUG 13 PM 1: 05 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place 4675 HIALEA	of Business TH AVE. E. 10 AVE. 14 F 33013	Mailing Address 2258 V HIBLEAH	レ・フ	y ^T / 3	Ten. 3014	DO NOT WRI 3. Date Incorporated or Qualifier 6-24-92		S SPACE. Date of Last Re	port	_
2. Principal Pla	nce of Business	2a. Mailing Address				4. FEI Number 65-033684	 4	F	pplied For	1
Suite, Apt. (i, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			lot Applicable Additional	1
City & State		City & State				6. Election Campaign Financing			lequired	-
23		28	,			Trust Fund Contribution		Added	May Be to Fees	
Zip 24	Country 25	Zip 29	30 Co.	untry		8. This corporation has liability for Florida Statutes			199.032,	
	9. Name and Address of Current R	egistered Agent		81		10. Name and Address of New	Register	ed Agent		
LUI	S R. BENEBIT				Name	100 D. H				_
22	58 W. 74 TH T	ERRACE		L.J.	Street Addres	ss (P.O. Box Number is Not Accept	able)			
HIA	18AH F/ 330.	16		83						
				84	City		F	85 Zip	Code	
or registere	o the provisions of Sections 607.0502 an ed agent, or both, in the State of Florida. h, and accept the obligations of, Section	Such change was authorized	the abo by the	ove-na corpor	med corporat ation's board	ion submits this statement for the p of directors. I hereby accept the ap	ourpose of opointmen	changing its re t as registered	gistered office agent. I am	
SIGNATURE _	Signature, typed or printed name of registored agest and	title if applicable. (NOTE	E: Registered	d Agent s	gnaturo required v	when reinstating)	DAT	E	·· 	
12.	OFFICERS AND D	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO O	FFICERS	AND DIRECTOR	RS IN 12	3/95
TITLE NAME	LUID O BENEBIT		- 6	1, 1 T(TLE 1 2 NAME		000an:		Olidilys		
STREET ADDRESS	2258 W. 74 TO	TRACC		1.3 STREET ADDRESS		-08/ -08/	15 <i>7</i> 97		3—-8 -019	:R2E034
CITY-ST-ZIP	HIRICAIT F/ 3	3016	1.4 CITY-ST-ZIP		ZIP	****·	165 <u>.</u> (30 東東東京	165 nn	
TITLE NAME				2.1 TITLE 2.2 NAME				L. Change	Addition	
STREET ADDRESS			1	TREET AD	DDRESS					
CITY-ST-ZIP				ITY-ST-	ZIP					4
TITLE NAME			3.1 TITLE 3.2 NAME		1			Change	Addition	
STREET ADDRESS	•		3.3. STREET ADDRESS		DDRESS					
CITY-ST-ZIP		3.4 CITY-ST-ZIP		ZIP						
TITLE			4.1 TITLE 4.2 NAME					Change	Addition	ł
NAME Street address					UUBESS					
CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY - ST - ZIP							
TLE		, <u></u>	5.1 TITLE					Change	Addition	7
NAME			5.2 NAME							
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADDRESS		A AIA.	٠				
TITLE			5.4 CITY - ST - ZIP 6.1 TITLE		£ IT	<u> </u>	1	Change	Addition	1
NAME			6.2 NAME			8/12	192			
STREET ADDRESS			E .	street al	i	1.7	17			
CITY-\$1-ZIP	y ce rtify that the information supplied with	this filma is valuntarily furnis		does i		the exemption stated in Section 1:	9.07(3)(1.1	Florida Statuto	s. I further	4
certify that	the information indicated on this annual i am an officer or director of the corporati Block 12 or Block 13 if changed or on a	eport or supplemental annu-	al report	is true	and accurate	and that my signature shall have t	ne same le	oal effect as if	made under	

Daytime Phone #

The second secon

and the second second second second

Ė

August 8, 1997

Department of State Division of Corporations P.O. Box 1500 Tallahassee, Fl 32302-1500

To Whom It May Concern:

Due to the fact that I moved to another location the annual report was not given to me by the parties that are in the old address, therefore I am sending it now because when I applied for a loan my status came out delinquent. Please accept my apology for the tardiness but I was not aware of this situation. I have always made my payments on time.

Thank you for your cooperation regarding this matter.

Respectfully yours.

Luis R. Benedit