

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V70969 (3)

1. Corporation Name

BEN-JOSEPH CORP.



Principal Place of Business

Mailing Address

2619 N 40 AVE
HOLLYWOOD FL 33021

2619 N 40 AVE
HOLLYWOOD FL 33021

8655 S.W. 57 place cooper city FL 33328

2. Principal Place of Business
21 8655 S.W. 57 place FL 33328

2a. Mailing Address
26 8655 S.W. 57 place cooper city FL 33328

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 cooper city FL

27 City & State
28 cooper city FL

24 Zip 33328 25 Country Brown

29 Zip 33328 30 Country Brown

9. Name and Address of Current Registered Agent

BEN-JOSEPH, HEIDI
2619 N 40 AVE
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name Abraham R. Ben-joseph
82 Street Address (P.O. Box Number is Not Acceptable)
8655 S.W. 57 place
83
84 City cooper city FL 85 Zip Code 33328

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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, typed or printed name of registered agent and the applicable:

(NOTE: Registered Agent signature required when reappointing)

3.14.96

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BEN-JOSEPH, HEIDI
STREET ADDRESS 2619 N 40 AVE
CITY-ST-ZIP HOLLYWOOD FL

TITLE S
NAME BEN-JOSEPH, ABRAHAM
STREET ADDRESS 2619 N. 40TH AVE.
CITY-ST-ZIP HOLLYWOOD FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Ben-joseph Abraham
1.2 NAME
1.3 STREET ADDRESS 8655 S.W. 57 place
1.4 CITY-ST-ZIP cooper city FL 33328

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.14.96

9544750210

DATE

TELEPHONE #

CR2E034 (12/95)