

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 9:58

DOCUMENT # P94000040492 (8)

1. Corporation Name
BEN-MONT, INC.

Principal Place of Business Mailing Address
**15974 W STATE RD 84
SUITE 306
SUNRISE 33 326** **15974 W STATE RD 84
SUITE 306
SUNRISE 33 326**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified 3a. Date of Last Report
05/31/1994

4. FEI Number Applied For
05-05000343 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution

7. This corporation has liability for intangible tax under S. 193.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **331 LAWRENCE DR.** 26 **1304 SW. 160th AVE.**
State, Apt. #, etc. State, Apt. #, etc.
22 **104** 27 **133**
City & State City & State
23 **FT. LAUDERDALE, FLORIDA** 28 **SUNRISE, FLORIDA**
Zip Country Zip Country
24 **33326** 25 **USA** 29 **33326** 30 **USA**

8. Name and Address of Current Registered Agent
**EDE, DOUGLAS E
C/O DAVIS, SCOTT, WEBER & EDWARDS
66 W FLAGLER ST SUITE 1100
MIAMI 33 33130**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0602 and 607.1504, Florida Statutes, the above-named corporation submits the 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 607.0606, Florida Statutes.

SIGNATURE _____ DATE _____
I, _____, Secretary of State, certify that the above information is true and correct.

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MONTGOMERY, ROBERT
STREET ADDRESS	15974 W STATE RD 84 #206
CITY, ST, ZIP	SUNRISE FL 33326
TITLE	D
NAME	BENAVENTE, JOSE A
STREET ADDRESS	15974 W STATE RD 84 #206
CITY, ST, ZIP	SUNRISE FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VIT/STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MONTGOMERY, ROBERT	
13 STREET ADDRESS	1304 SW. 160th AVE #133	
14 CITY, ST, ZIP	SUNRISE, FLORIDA 33326	
21 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	BENAVENTE, JOSE A.	
23 STREET ADDRESS	1304 SW. 160th AVE. #133	
24 CITY, ST, ZIP	SUNRISE, FLORIDA 33326	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 193.032(9)(b), Florida Statutes. I further certify that the information included 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. If at any time an officer or director of the corporation or the receiver or trustee empowered to execute this report is removed by Chapter 193, Florida Statutes, and that my name appears on this report or this report is changed, I will, on an alternate filing with an address:

SIGNATURE: *Robert Montgomery* **Robert Montgomery, Vice President 2/19/95**
SECRETARY OF STATE (305) 387-2520