

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000001852

**Entity Name:** BENIGNE CVBA, INC.

**Current Principal Place of Business:**

8000 N FEDERAL HWY  
SUITE 300  
BOCA RATON, FL 33487

**Current Mailing Address:**

PO BOX 1089  
INTERCESSION CITY, FL 33848

**FEI Number:** 27-3224052

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

IDEAL OPPORTUNITIES, INC.  
8000 N FEDERAL HWY  
SUITE 300  
BOCA RATON, FL 33487 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name DE BOEUER, ANNICK  
Address PO BOX 1089  
City-State-Zip: INTERCESSION CITY FL 33848

Title D  
Name LE ROY, JOHAN  
Address PO BOX 1089  
City-State-Zip: INTERCESSION CITY FL 33848

Title D  
Name VAN OVERMEEREN, ALAIN  
Address PO BOX 1089  
City-State-Zip: INTERCESSION CITY FL 33848

Title SD  
Name GROENENDIJK, PETRUS J  
Address PO BOX 1089  
City-State-Zip: INTERCESSION CITY FL 33848

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PETRUS J GROENENDIJK

**SECRETARY**

**04/26/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date