

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

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **470549** (7)
1. Corporation Name
PEDA CORP.

Principal Place of Business Mailing Address
1036 SW FIRST ST MIAMI FL 33130 US **1036 SW 1 ST MIAMI FL 33130 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/26/1975** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
23 City & State 28 City & State
24 Zip 25 County 29 Zip 30 County

4. FEI Number **59-1644517** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for interjurisdictional tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**FLORIDA ANNUAL REPORT SERVICES
CANTERA ASSOC INC.
1036 SW 1 ST
MIAMI FL 33130**

10. Name and Address of New Registered Agent
81 Name **FLORIDA ANNUAL REPORT SERVICES INC.**
82 Street Address (P.O. Box Number is Not Acceptable) **1036 S.W. 1 ST.**
83
84 City **MIAMI** 85 Zip Code **FL 33130**

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 provisions of, Section 607.0502, Florida Statutes.

SIGNATURE *[Signature]* **AMADA C. LOPEZ, PRES** DATE **4/25/95**
Signature (Typed or printed name of registered agent is also acceptable) (NOTE: Registered Agent signature required when remaining)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OBREGON, EDUARDO
STREET ADDRESS	6090 W. FLAGLER ST.
CITY ST ZIP	MIAMI FL
TITLE	STD
NAME	EHEMENDIA, EMMA J.
STREET ADDRESS	6090 W. FLAGLER ST.
CITY ST ZIP	MIAMI FL
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. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY ST ZIP	

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****200.00 ****200.00

[Signature] 4/27

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 110.07(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 hereon, or on an attachment with an address.

SIGNATURE: *[Signature]* **EDUARDO OBREGON** DATE **4/25/95** TIME **3:05** NUMBER **5458686**
Signature (Typed or printed name of signing officer or director)