

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

99 APR -9 AM 10: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 470549

1. Corporation Name
PEDA CORP.

Principal Place of Business

2300 CORAL WAY #200 MIAMI FL 33145 US

Mailing Address

2300 CORAL WAY #200 MIAMI FL 33145 US

2. Principal Place of Business

21 **2300 Coral Way**
Suite, Apt #, etc

22 **Suite # 200**
City & State

23 **Miami Florida**
Zip Country

24 **33145**

25

2a. Mailing Address

26 **2300 Coral Way**
Suite, Apt #, etc

27 **Suite # 200**
City & State

28 **Miami Florida**
Zip Country

29 **33145**

30

9. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES INC
2300 CORAL WAY #200 MIAMI FL 33145**

81 Name

82 Street Address (P.O. Box, Mailbox, etc.)
000002837000--5

83

84 City

FL

85 Zip Code

DO NOT WRITE IN THIS SPACE

- 3. Date incorporated or organized: **02/26/1975**
- 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 owes the current year's Intangible Personal Property Tax: Yes No
- 10. Name and Address of New Registered Agent:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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]*

AMADA CANTERA LOPEZ, President

3/27/99

12. OFFICERS AND DIRECTORS

TITLE	PD	[] DELETE
NAME	OBREGON, EDUARDO	
STREET ADDRESS	6090 W. FLAGLER ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	[] DELETE
NAME	ECHEMENDIA, EMMA J.	
STREET ADDRESS	6090 W. FLAGLER ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Add
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[] Change [] Add
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[] Change [] Add
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change [] Add
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Add
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change [] Add
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f) 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, with all other like empowerments.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EDUARDO OBREGON, President

3/27/99

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