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1995 APR -6 PM 5:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****200.00 *****200.00

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P94000010992 (3)**
1. Corporation Name
PENINA CORP.

Principal Place of Business: **1840 BAY DRIVE MIAMI BEACH FL 33141**
Mailing Address: **1840 BAY DRIVE MIAMI BEACH FL 33141**

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

3. Date Incorporated or Qualified: **02/04/1994**
3a. Date of Last Report
4. FEI Number: **65-0466376**
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 intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**ELIAS, FANNY
1840 BAY DRIVE
MIAMI BEACH FL 33141**

10. Name and Address of New Registered Agent (81-85)

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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Pres. FANNY ELIAS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANNY ELIAS	1.2 NAME	
STREET ADDRESS	1840 BAY DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIA. BEACH, FLA. 33141	1.4 CITY - ST - ZIP	
TITLE	VICE PRES. ELLI TOURGEMAN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elli TOURGEMAN	2.2 NAME	
STREET ADDRESS	9064 BAY DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	BURFISIDE, FLA. 33154	2.4 CITY - ST - ZIP	
TITLE	SECY, TREASURER ROSSETA TOURGEMAN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSETA TOURGEMAN	3.2 NAME	
STREET ADDRESS	9548 ABBOTT AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	BURFISIDE, FLA. 33154	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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(2)(b), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Fanny Elias* FANNY ELIAS-PRESIDENT 3/10/95 867-7655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR