

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

CORPORATION
ANNUAL REPORT
1996



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

~~100001859511~~

DOCUMENT # **P94000092165 (7)**
1. Corporation Name
THE PENAS ENTERPRISES, INC.

~~300001859511~~
~~06/12/96--01031--019~~
~~***200.00~~

Principal Place of Business
**1801 S. TREASURE DR., UNIT 112A
NORTH BAY VILLAGE FL 33141**

Mailing Address
**1801 S. TREASURE DR., UNIT 112A
NORTH BAY VILLAGE FL 33141**

100001859511
06/12/96--01040--019
*****200.00**
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	5350 NW 200TH.	26	5350 NW 200TH. #12	12/21/1994	5/95
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
				65-0541636	Not Applicable
22	#12	27	12	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			
23	MIAMI FL	28	MIAMI FL.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 19.0.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	33055	25	DADE		
29	33055	30	DADE		

9. Name and Address of Current Registered Agent
**AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81	Name	DIANA C. PENA
82	Street Address (P.O. Box Number is Not Acceptable)	5350 NW 200TH. #12
83	City	MIAMI
84	State	FL
85	Zip Code	33055

11. Pursuant to the provisions of Sections 607.0602 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. Thereby accept the appointment as registered agent. I am familiar with and accept the provisions of Section 607.0520, Florida Statutes.

SIGNATURE: *Diana C. Pena*
Signature of person or persons authorized to execute this statement

Date: **4-15-96**

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	LOPEZ, DIANA C
STREET ADDRESS	1801 S. TREASURE DR., UNIT 112A
CITY- ST- ZIP	NORTH BAY VILLAGE FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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

11 TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	DIANA C. PENA	
13 STREET ADDRESS	5350 NW 200TH. #12	
14 CITY- ST- ZIP	MIAMI FL. 33055	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY- ST- ZIP		
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		

cc ~~5/1/96~~

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(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 if changed, or on an attachment with an address.

SIGNATURE: *Diana C. Pena*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96