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



	RPORATION UAL REPORT 1996		Secret	ARTMENT OF B. Mortham tary of State CORPORATI						
DOCU 1. Corporation	MENT # F	950000	89401 (0))						
PETR	us internation	AL, INC.	·							
Principal Place	e of Business	٨	Mailing Address				1881 1891 118 1818 1111 1814 91			
6884 S.W. 6 Suite C-30 Miami Fl 3	2		6884 S.W. 88TH ST. SUITE C-302 MIAMI FL 33156			3. Date	Incorporated or Qualified	3a . D	ate of Last F	Report
2. Principal P	lace of Business		Mallina Addron				1/22/1995			,
21	acco of Erdambags	26	. Mailing Address			4. FEI N	lumber 1 7-06326 3	S on		Applied For
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				licate of Status Desired		\$8.7	Not Applicable 5 Additional Required
City & State	6	28	City & State		81.1		ion Campaign Financing Fund Contribution		\$5.0	00 May Be
Zip 24	Country [25]	29	Zip	Country 30	,	8. 1nis	corporation has liability for	rintangible s F1No		
	g, Name and Addre	ss of Current Regi	stered Agent	1901			e and Address of New		d Agent	·
				81	Name				<u></u>	
	a, pedro p .w. 88th st.			82	Street A	doress (P.O. Bo	x Number is Not Accepta	ble)		
SUITE				83						
	FL 33156									
14 5				84	City			F	1 - 1	ip Code
Or register	to the provisions of Sections of Section and agent, or both, in the	ons 607,0502 and 60 State of Florida, Sud	7.1508, Florida Statute ii change was authorize	s, the above r	named cor oration's b	poration submits	s this statement for the pu s. I hereby accept the app	rpose of c	hanging its i	registered office
SIGNATURE	tri, and accept the obliga	lions of S ection 607.	.0505, Florida Statutes.	Revesa	0000	D	s. Thoroby decopt the app	-1.		ragent. ram
	Signature, lypixt or printed manie o	of registered agent and their	artikable (NOI	Er Bagisterart Agen	i synālure reu	P. pired when renstating		DATE DATE	11/96	
12.	_	FFICERS AND DIREC	TORS	13,			IONS/CHANGES TO OF	FICERS AN	ID DIRECTO	DR\$ IN 12
NAME	D Correa, Pedro	D	[] DELETE	1. 1 THILE	ĺ		•		☐ Change	☐ Addition
STREET ADDRESS	% 6884 S.W. 88T		0	1.2 NAME 1.3 STREET	Anness					
CITY - ST - ZIP	MIAMI FL 33156		_	1.4 Chy-s						
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TITLE			DELF FE	24 CHTY-SI 3 1 THILE	I-ZIP					
NAME				3 2 NAME					Change	Addition
STREET ADDRESS				33 STREET	ADDRESS					
CITY-ST-ZIP				3.4 O/TY - ST						
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NAME STREET ADDRESS				4.2 NAME						
CITY-ST-ZIP				4.3 STREET						,
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NAME				5.2 NAME					☐ Change	Addition
STREET ADDRESS				5.3 STREET A	ADDRESS					
CITY-\$1-7IP				5.4 City - ST	- ZIP					
TITLE NAME			□ DELETE	6 1 TITLE					Cnange	Addition
STREET ADDRESS				62 NAME						
OITU OT TO				63 STREET A	NDDRESS [ļ

CITY-ST-ZIP

14. If 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). Fiorida 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PEDPLO P. 05/01/96

305/666-9592

CR2E034 (12/95)