FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **391760** **(6)**

1. Corporation Name
PENINSULA INTERNATIONAL CORP.

Principal Place of Business	Mailing Address
2100 NW 94TH AVE MIAMI FL 33172	2100 NW 94TH AVE MIAMI FL 33172

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/22/1971**
3a. Date of Last Report: **05/01/1994**

21 2. Principal Place of Business: 7227 NW 32nd Street
26 2a. Mailing Address: 7227 NW 32nd Street
4. FEI Number: **59-1426542** ☐ Applied For ☐ Not Applicable

22 Suite, Apt. #, etc.: N/A
27 Suite, Apt. #, etc.: N/A
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

23 City & State: Miami, FL
28 City & State: Miami, FL
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

24 Zip: 33122
25 County: USA
29 Zip: 33122
30 County: USA
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AYMERICH ADRIAN JR 2100 NW 94TH AVE MIAMI FL 33172	81 Name: Aymerich, Adrian, Jr. 82 Street Address (P.O. Box Number is Not Acceptable): 7227 NW 32nd Street 83 84 City: Miami, FL 85 Zip Code: 33122

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	11 TITLE	STD	☒ Change ☐ Addition
NAME	AYMERICH, DANIEL S.	12 NAME	Aymerich,Daniel S.	
STREET ADDRESS	2100 NW 94TH AVE	13 STREET ADDRESS	7227 NW 32nd Street	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miami, FL 33122	
TITLE	PD	21 TITLE	PD	☒ Change ☐ Addition
NAME	AYMERICH JR., ADRIAN	22 NAME	Aymerich, Adrian, Jr.	
STREET ADDRESS	2100 NW 94TH AVE	23 STREET ADDRESS	7227 NW 32nd Street	
CITY-ST-ZIP	MIAMI, FL 00000	24 CITY-ST-ZIP	Miami, FL 33122	
TITLE	VD	31 TITLE	VD	☒ Change ☐ Addition
NAME	AYMERICH, ADRIAN E	32 NAME	Aymerich, Adrian E.	
STREET ADDRESS	2100 NW 94TH AVE	33 STREET ADDRESS	7227 NW 32nd Street	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	Miami, FL 33122	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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(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: Adrian Aymerich, Jr. 04/25/95 (305) 592-9506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100466 CP