

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

FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 391760
1. Corporation Name
PENINSULA INTERNATIONAL CORPORATION

Principal Place of Business
**6926 N.W. 46th STREET
MIAMI, FLORIDA, 33166**

Mailing Address
**6926 N.W. 46th STREET
MIAMI, FLORIDA, 33166**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **6926 N.W. 46th STREET**
Suite, Apt. #, etc.

22 City & State
23 **MIAMI, FLORIDA**

24 Zip **33166** 25 Country **DADE**

2a. Mailing Address
26 **6926 N.W. 46th STREET**
Suite, Apt. #, etc.

27 City & State
28 **MIAMI, FLORIDA**

29 Zip **33166** 30 Country **DADE**

3. Date Incorporated or Qualified
11/22/1971

4. FEI Number **59-1426542** 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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**AYMERICH, ADRIAN, JR.
6926 N.W. 46th STREET
MIAMI, FLORIDA, 33166**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 (Type name in block letters and print name of officer or director)

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **STD**
NAME **AYMERICH, DANIEL S.**
STREET ADDRESS **6926 N.W. 46th STREET**
CITY-ST-ZIP **MIAMI, FLORIDA, 33166**

☐ DELETE

TITLE **PD**
NAME **AYMERICH, ADRIAN, JR.**
STREET ADDRESS **6926 N.W. 46th STREET**
CITY-ST-ZIP **MIAMI, FLORIDA, 33166**

☐ DELETE

TITLE **VD**
NAME **AYMERICH, ADRIAN E.**
STREET ADDRESS **6926 N.W. 46th STREET**
CITY-ST-ZIP **MIAMI, FLORIDA, 33166**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information provided is true and correct and that the information is not false or misleading. I further certify that the information indicated on this form is true and correct 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; that the block or blocks entered are required to be filed by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13. I understand and agree to the above.

SIGNATURE: **ADRIAN AYMERICH, JR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR. 24/98

DATE

(305) 592-9506

TELEPHONE NUMBER

CR2E034 (10/97)