## APPROVEU FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham 98 MAR 30 AM 11: 14 ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 SECRETARY OF STATE ALLAHASSEE. FLORIDA DOCUMENT # 470549 PEDA CORP. Principal Place of Business Mailing Address 2300 CORAL WAY 2300 CORAL WAY #200 #200 MIAMI FL 33145 MIAMI FL 33145 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 02/26/1975 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2300 CORAL WAY 2300 CORAL WAY 59-1644517 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 SUITE #200 27 SUITE #200 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 MIAMI, FLORIDA 28 Trust Fund Contribution MIAMI, FLORIDA Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 33145 U.S. 33145 30 U.S. 25 29 Personal Property Tax due June 30. Yes ☐ No 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FLORIDA ANNUAL REPORT SERVICES INC 2300 CORAL WAY 82 Street Address (P.O. Box Number is Not Acceptable) #200 83 **MIAMI FL 33145** 84 City 85 Zip Code 11. Pursuant to the office or registe agent. I am favo Sections 607.0502 Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered acceptance and acceptance AMADA CANTERA LOPEZ/PRES. SIGNATURE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.‡ TITLE ☐ Change Addition **OBREGON, EDUARDO** NAME 12 NAME 6090 W. FLAGLER ST. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 14 CITY-ST-ZIP STD DELETE TITLE 21 THILE ECHEMENDIA, EMMA J. NAME 2.2 NAME \*\*\*\*150.00 \*\*\*\*150.00 6090 W. FLAGLER ST. STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change TITLE Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP ☐ DELETE Change TITLE Addition 6.1 THILE NAME 6.2 NAME

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 13 if changed, or so an attrichment with an address.

6.3 STREET ADDRESS

6.4 CITY - ST-ZIP

CIONATURE

STREET ADDRESS

CITY-ST-ZIP

2/9/90