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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

PELU INVESTMENT CORP.

Principal Place of Business

Mailing Address

FILED Feb 04 1998 8:00am Secretary of State



525 E 9TH ST 525 E 9TH ST HIALEAH FL 33010 HIALEAH FL 33010 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/02/1977 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1758006 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LEGRA. ELIAS **525 E 9TH ST** 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 83 City 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, typed or printed name of registered agent and tice if applicable (NO1) Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS (10/97 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 1.1 TITLE Change Addition **BOLINAGA, JOSE** NAME 1.2 NAME **525 E 9TH ST** STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME **BOLINAGA, LUIS** 2.2 NAME **525 E 9TH ST** STREET ADDRESS 23 STREET ADDRESS HIALEAH FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME **BOLINAGA, LUIS** 3.2 NAME STREET ADDRESS **525 E 9TH ST** 3.3 STREET ADDRESS HIALEAH FL CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Addition GONZALEZ, CARMEN NAME 4 2 NAME 1849 5. Opean Dr # 707 Hallandalp - FL . 5 300 3330 W. 12TH AVE. STREET ADDRESS 4.3 STREET ADDRESS HIALEAH FL CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 101.6 Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I hereby 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 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 expowered 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 op an attachment with an address.