FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

Amended

FILED
99 MAR -8 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 523454

1. Corporation Name

PELU INVESTMENT CORP.

Principal Place of Business	Mailing Address
525 East 9 St. Hialeah, FL. 33010	525 East 9 St. Hialeah, FL. 33010

3. Date Incorporated or Qualified: 02/02/77
3a. Date of Last Report: 02/02/99

2. Principal Place of Business	2a. Mailing Address
21 554 SW 6 St.	26 554 SW 6 St.
Suite, Apt. #, etc. 22 Unit 2	Suite, Apt. #, etc. 27 Unit 2
City & State 23 Miami, FL.	City & State 28 Miami, FL.
Zip: 4 33130 Country: 25 U.S.A.	Zip: 29 33130 Country: 30 U.S.A.

4. FEI Number: 59-1758006 ☐ 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 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
LEGRA, Elias 525 East 9 St. Hialeah, FL. 33030	81 Name: Teresita Menendez 82 Street Address (P.O. Box Number is Not Acceptable): 554 SW 6 St. 83 Unit 2 84 City: Miami FL 85 Zip Code: 33130

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: × (Teresita Menendez) 03/03/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Bolinaga, Jose 525 E. 9 St. Hialeah, FL.33010	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D/P Bolinaga, Jose 554 SW 6 St. #2 Miami, FL. 33130	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S Bolinaga, Luis 525 E. 9 St. Hialeah, FL. 33010	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D/S /T Bolinaga, Luis 554 SW 6 St. #2 Miami, FL. 33130	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Gonzalez, Carmen 1849 S. Oeeore Dr. #707 Hallandale, FL. 33009	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	VP Menendez, Teresita 554 SW 6 St. #2 Miami, FL. 33130	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	100000P8085.1---4 -03/12/99--01010--003 *****61.25 *****61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☒ Addition

CR2E034 (9/96)

14. I do 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 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: × 3/3/99 305-856-2777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #