

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 691084 (8)

1. Corporation Name
PEPLU OF MIAMI, INC.

Principal Place of Business
111 MIRACLE MILE
CORAL GABLES FL 33134
US

Mailing Address
111 MIRACLE MILE
CORAL GABLES FL 33134-5405
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/18/1981	3a. Date of Last Report 05/01/1996
21		26		4. FEI Number 59-2131843	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	Country	28 Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

g. Name and Address of Current Registered Agent GONZALEZ, MIGUEL A 2239 NW 20TH ST MIAMI FL				10. Name and Address of New Registered Agent			
81	Name			GONZALEZ, MIGUEL A.			
82	Street Address (P.O. Box Number is Not Acceptable)			111 MIRACLE MILE			
83							
84	City			85	Zip Code		
	CORAL GABLES			FL	33134		

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  MIGUEL A. GONZALEZ R 4/24/97
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	ST	DELETE		1.1 TITLE	Change	Addition	
NAME	FALERO, LUIS M			1.2 NAME			
STREET ADDRESS	6135 NW 174 TERR			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP			
TITLE	P	DELETE		2.1 TITLE	Change	Addition	
NAME	GONZALEZ, MIGUEL A			2.2 NAME			
STREET ADDRESS	11630 S.W. 28TH STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 00000			2.4 CITY-ST-ZIP			
TITLE		DELETE		3.1 TITLE	Change	Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		DELETE		4.1 TITLE	Change	Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		DELETE		5.1 TITLE	Change	Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE	Change	Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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:  MIGUEL A. GONZALEZ R 4/24/97 (305) 448-4832

CR2E034 (9/96)