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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # G22719
1. Corporation Name

(0)

PEACOCK INVESTMENTS, INC.

Principal Place of Business Mailing Address C/O SERGIO R. PENTON 3191 CORAL WAY, \$200 MIAMI FL 33145-3213							
U\$		US			3. Date incorporated or Qualified 01/31/1983	3a. Date of Last F 05/01/1996	leport
2, Principal 21	Place of Business	2s. Mailing Address 26			4. FEI Number 59-2276729	ļ	pplied For ot Applicable
Suite, Ar	ol. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
City & St	tate	City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees
23	Country	Zip	Count	ry	This corporation has liability for		
24	25	29	30			Yes 🗌 No	1001002,
	g, Name and Address of Cur				10. Name and Address of New Re	gistered Agent	
M	ESA, JULIAN L.		В	1 Name			
3191 CORAL WAY \$200			8	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
	IAMI FL 33145		8	3	77 1		·
•••• 			8	4 City		FL 85 Zip	Code
ageni SIGNATURI	Lam familiar with, and accept the ob- E. Signature, typed or printed name of registered	•			ered when rainstating)	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		RS IN 12
THTLE	PVD	☐ DELETE	1,1 TITLE			☐ Change	Addition
NAVE	CHIRIBOGA, GALO GERMA	N	1.2 NAMI	E			
STREET ADDRES			1.3 STRE	ET ADDRESS			
CITY - ST - ZIP	QUITO, ECUADOR		1.4 CITY				
THELF	SD MCCA WHIANI	☐ DELETE		1		Change	Addition
nami	MESA, JULIAN L. 3191 CORAL WAY S200		2.2 NAM			,	
STREET ADDRES	MIAMI FL		1	ET ADDRESS		•	
CHY-ST-ZiP	MAMILE	DELETE	2. 4 CITY 3.1 TITLE			☐ Change	Addition
NAME		L DELETE	3.1 HILE 3.2 NAM	1		C Mininge	La rosido
STREET ADDRES	200			ET ADDRESS			
CHY-SI-ZiP	,		1	-ST-ZIP			
TITLE		☐ DELETE				Change	Addition
NAMÉ			4. 2 NAN	IE			
STREET ADDRES	SS			EY ADDRESS			
CHTY-ST-Z-P			4.4 City	-ST-ZIP			
TITLE		DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAM	ε		e.	
STREET ADDRES	ss		5.3 STRE	ET ADDRESS			
CHY+S1-ZIP			5.4 CITY	-ST-ZIP			
TITLE		DELETE	6.1 TITLE			☐ Change	Addition
NAVE			6.2 NAM	E		4	
STREET ADDRES	5.5		6.3 STRE	ET ADDRESS			
CITY - ST - ZIP			64 CITY	-ST-ZIP	1.4		

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 logal effect as if made under oath; that I am an officer or director of the corporation of 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 or an attachment with an address.

SIGNATURE:

IGNATURE AND PITED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97 (301) 848-1362 Dayling Phoce #

FILED

Apr 25 1997 8:00am

Secretary of State