

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN - 9 11 0:03

DOCUMENT # **H24470** (7)

1. Corporation Name
PELTOM ENTERPRISES, INC.

Principal Place of Business: **1662 W 40TH ST, P.O. BOX 2771, HIALEAH FL 33012**

Mailing Address: **1662 W 40TH ST, P.O. BOX 2771, HIALEAH FL 33012**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **10/08/1984**

3a. Date of Last Report: **04/29/1994**

4. FEI Number: **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

7. This corporation has liability for intangible tax under S. 199 USZ, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**TOMAS, JOSE ANTONIO
770 W 53 ST
HIALEAH FL 33012**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.0505, 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: *Thelma Tomas* (Signature) *Thelma Tomas* (Typed Name)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: TOMAS, JOSE ANTONIO	11 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 770 W 53 ST	CITY, ST, ZIP: HIALEAH FL	12 NAME:	
		13 STREET ADDRESS:	
		14 CITY, ST, ZIP:	
TITLE: STD	NAME: TOMAS, THELMA M.	21 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 770 W 53 ST	CITY, ST, ZIP: HIALEAH FL	22 NAME:	
		23 STREET ADDRESS:	
		24 CITY, ST, ZIP:	
TITLE:	NAME:	31 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		32 NAME:	
CITY, ST, ZIP:		33 STREET ADDRESS:	
		34 CITY, ST, ZIP:	
TITLE:	NAME:	41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		42 NAME:	
CITY, ST, ZIP:		43 STREET ADDRESS:	
		44 CITY, ST, ZIP:	
TITLE:	NAME:	51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		52 NAME:	
CITY, ST, ZIP:		53 STREET ADDRESS:	
		54 CITY, ST, ZIP:	
TITLE:	NAME:	61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		62 NAME:	
CITY, ST, ZIP:		63 STREET ADDRESS:	
		64 CITY, ST, ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption noted in Section 110.07(3)(b), 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, changed, or on an attachment with an address.

SIGNATURE: *Thelma Tomas* (Signature) **THELMA TOMAS** (Typed Name) 1/9/95 305-221-2111