

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

FILED
May 16 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 # H28645 (0)
 1. Corporation Name
PEMIPA CORPORATION



Principal Place of Business C/O PETER PREVITI 5825 SUNSET DR., SUITE 210 MIAMI FL 33143	Mailing Address C/O PETER PREVITI 5825 SUNSET DR., SUITE 210 MIAMI FL 33143-5222
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/01/1984	3a. Date of Last Report 02/06/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2762500	Applied For Not Applicable
22. City & State	27. City & State	6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent PREVITI, PETER 5825 SUNSET DR., SUITE 210 MIAMI FL 33143		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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIZRACHI, MOISES D.	1.2 NAME	
STREET ADDRESS	POST OFFICE BOX 162 ZONA 9-A N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA, REPUBLIC P	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIZRACHI, ISAAC D.	2.2 NAME	
STREET ADDRESS	POST OFFICE BOX 162 ZONA 9-A N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA, REPUBLIC P	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIZRACHI, JACOB D.	3.2 NAME	
STREET ADDRESS	POST OFFICE BOX 162 ZONA 9-A N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA, REPUBLIC P	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENSO, MARIA ELENA	4.2 NAME	
STREET ADDRESS	POST OFFICE BOX 162 ZONA 9-A N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA, REPUBLIC P	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PREVITI, PETER	5.2 NAME	
STREET ADDRESS	5825 SUNSET DRIVE, #210	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 4-30-97 305-622-9024
 Date Daytime Phone #

CR2E034 (9/96)