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FILED

Jan 29, 1999 8:00am  
Secretary of State

0213518

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

01-29-1999 90053 001 \*\*\*\*150.00

DOCUMENT # H28645

1. Corporation Name  
PEMIPA CORPORATION



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified  
11/01/1984

4. FEI Number  
59-2762500

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 owes the current year Intangible Personal Property Tax.  Yes  No

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PREVITI, PETER  
5825 SUNSET DR., SUITE 210  
MIAMI FL 33143

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

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	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 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 162 ZONA 9-A N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA, REPUBLIC P	3.4 CITY-ST-ZIP	
TITLE	YD <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 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, with all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)