

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90180 043 ***150.00

DOCUMENT # H28645

1. Entity Name

PEMIPA CORPORATION

Principal Place of Business

Mailing Address

**C/O PETER PREVITI
 5825 SUNSET DR., SUITE 210
 MIAMI FL 33143**

**C/O PETER PREVITI
 5825 SUNSET DR., SUITE 210
 MIAMI FL 33143-5222**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2762500

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MIZRACHI, MOISES D.	
STREET ADDRESS	POST OFFICE BOX 162 ZONA 9-A N/A	
CITY-ST-ZIP	PANAMA, REPUBLIC P	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MIZRACHI, ISAAC D.	
STREET ADDRESS	POST OFFICE 162 ZONA 9-A N/A	
CITY-ST-ZIP	PANAMA, REPUBLIC P	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MIZRACHI, JACOB D.	
STREET ADDRESS	POST OFFICE 162 ZONA 9-A N/A	
CITY-ST-ZIP	PANAMA, REPUBLIC P	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PENSO, MARIA ELENA	
STREET ADDRESS	POST OFFICE BOX 162 ZONA 9-A N/A	
CITY-ST-ZIP	PANAMA, REPUBLIC P	
TITLE	V	<input type="checkbox"/> Delete
NAME	PREVITI, PETER	
STREET ADDRESS	5825 SUNSET DRIVE, #210	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/00 795-662-9504

CR2E034 (9/99)