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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000005129 (0) DOCUMENT #

PENA HOLDINGS LIMITED, INC. Principal Place of Business Mailing Address 201 CRANDON BLVD 201 CRANDON BLVD APT 174 DO NOT WRITE IN THIS SPACE KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149 3. Date Incorporated or Qualified 01/14/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0493738 Not Applicable 26 Suite, Apt. #, etc Suite. Ant. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State **\$5.00** May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees ZiD Country Country 8. This corporation owes or has paid the current year Intangible Yes □ No Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PENA. ONSTANTION S 201 CRANDON BLVD Street Address (P.O. Box Number is Not Acceptable) **APT 174** 83 **KEY BISCAYNE FL 33149** 84 City 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, typed or printed cause of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TITLE PENA, CONSTANTINO S 12 NAME MAKE 201 CRANDON BLVD APT 174 1.3 STREET ADDRESS STREET ADORESS **KEY BISCAYNE FL 33149** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE PENA, CARMEN 2.2 NAME NAME 201 CRANDON BLVD APT 174 2.3 STREET ADDRESS STREET ADDRESS **KEY BISCAYNE FL 33149** 2 4 CITY-ST-2IP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition TITLE 4 1 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELF1E Change Addition 5.1 TITLE THLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP 5.4 City-ST-ZiP DELETE Change 6.1 TITLE ☐ Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 suppliencental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 changes or on an attachment with an adoress.

SIGNATURE:

SIGNATURE:

SIGNATURE:

98 30V1361-922

FILED

Mar 11 1998 8:00am

Secretary of State