

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Shirley B. Markham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000004957 (4)**

1. Corporation Name  
**PENTEL, INC.**



Foreign Place of Business  
**241 S. ATLANTIC BLVD.  
FT. LAUDERDALE FL 33316**

Mailing Address  
**801 N. VENETIAN DR.  
#808  
MIAMI FL 33139**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt., P.O.  
22 City & State  
23 Zip  
24 County

26 State, Apt., P.O.  
27 City & State  
28 Zip  
29 Country  
30

9. Name and Address of Current Registered Agent

**REINOSO-PENROD, LUCIA  
801 N. VENETIAN DR.  
#808  
MIAMI FL 33139**

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

3. Date Incorporated or Qualified **01/10/1994**  
3a. Date of Last Report **11/13/1995**  
4. FEI Number **65-0481113** 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 has liability for intangible tax under s. 199.032, Florida Statute.  Yes  No  
10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.02(2)(b) and 607.150(3), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the registered agent or office in the State of Florida. Such change was authorized by the corporation's board of directors, hereby accept the appointment as registered agent, and accept the obligations of Sections 607.02(2)(b) Florida Statutes.

SIGNATURE: *Lucia R. Penrod* (LUCIA R. PENROD) *March 1, 1996*

12. OFFICERS AND DIRECTORS

|              |                                  |                                  |
|--------------|----------------------------------|----------------------------------|
| 12.1         | P                                | <input type="checkbox"/> OFFICER |
| NAME         | <b>PENROD, JACK</b>              |                                  |
| ADDRESS      | <b>801 N. VENETIAN DR., #808</b> |                                  |
| CITY & STATE | <b>MIAMI FL 33139</b>            |                                  |
| TITLE        | <b>VP</b>                        | <input type="checkbox"/> OFFICER |
| NAME         | <b>REINOSO-PENROD, LUCIA</b>     |                                  |
| ADDRESS      | <b>801 N. VENETIAN DR., #808</b> |                                  |
| CITY & STATE | <b>MIAMI FL 33139</b>            |                                  |
| TITLE        |                                  | <input type="checkbox"/> OFFICER |
| NAME         |                                  |                                  |
| ADDRESS      |                                  |                                  |
| CITY & STATE |                                  |                                  |
| TITLE        |                                  | <input type="checkbox"/> OFFICER |
| NAME         |                                  |                                  |
| ADDRESS      |                                  |                                  |
| CITY & STATE |                                  |                                  |
| TITLE        |                                  | <input type="checkbox"/> OFFICER |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                      |   |
|----------------------|---|
| 13.1                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.2 NAME            |   |
| 13.3 STREET ADDRESS  |   |
| 13.4 CITY & STATE    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.5 TITLE           |   |
| 13.6 NAME            |   |
| 13.7 STREET ADDRESS  |   |
| 13.8 CITY & STATE    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.9 TITLE           |   |
| 13.10 NAME           |   |
| 13.11 STREET ADDRESS |   |
| 13.12 CITY & STATE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.13 TITLE          |   |
| 13.14 NAME           |   |
| 13.15 STREET ADDRESS |   |
| 13.16 CITY & STATE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.17 TITLE          |   |
| 13.18 NAME           |   |
| 13.19 STREET ADDRESS |   |
| 13.20 CITY & STATE   |   |

14. I declare to verify that the information supplied in this filing is correctly furnished and does not comply with the exception stated in Section 119.07(3)(a), Florida Statutes. I further declare that no information, material or facts have been reported or supplied to or omitted from this report or filing and I understand that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered business or assumed to be so under the report as required by Chapter 607, Florida Statutes and that my name appears in Block 12 or Block 13 of this filing or on any other filing with this office.

SIGNATURE: *Lucia R. Penrod*  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

*March 1, 1996 (30) 377-8930*

CR2E034 (12/95)