FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000059925 (5)**

1. Corporate Name

PENINSULA CAPITAL, INC.

Principal Place of Business

933 SOROLLA AVE.
CORAL GABLES FL 33134

Mailing Address

933 SOROLLA AVE.
CORAL GABLES FL 33134

PLEASE WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/15/1994**

3a. Date of Last Report:

2. Principal Place of Business
21

2a. Mailing Address
25

Suite, Apt. # or
22

Suite, Apt. # or
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

4. FEI Number: **65-0512727** ☐ 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. The corporation is requesting to change its status to [illegible] Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

REYES, JAVIER A
933 SOROLLA AVE.
CORAL GABLES FL 33134

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 Section 607.0502 and/or 608.4101 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 I accept the obligations of, Section 607.0505 Florida Statutes.

SIGNATURE

(Typed, Printed or Stamped Name of Registered Agent) (Registered Agent's Signature required for initial designation) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
1 Title	PSTV	1 Title	☐ Change ☐ Addition
1 Name	REYES, JAVIER A	1 Name	
1 Street Address	933 SOROLLA AVE.	1 Street Address	
1 City-St-Zip	CORAL GABLES FL 33134	1 City-St-Zip	
2 Title	D	2 Title	☐ Change ☐ Addition
2 Name	REYES, JAVIER A	2 Name	
2 Street Address	933 SOROLLA AVE.	2 Street Address	
2 City-St-Zip	CORAL GABLES FL 33134	2 City-St-Zip	
3 Title		3 Title	☐ Change ☐ Addition
3 Name		3 Name	
3 Street Address		3 Street Address	
3 City-St-Zip		3 City-St-Zip	
4 Title		4 Title	☐ Change ☐ Addition
4 Name		4 Name	
4 Street Address		4 Street Address	
4 City-St-Zip		4 City-St-Zip	
5 Title		5 Title	☐ Change ☐ Addition
5 Name		5 Name	
5 Street Address		5 Street Address	
5 City-St-Zip		5 City-St-Zip	
6 Title		6 Title	☐ Change ☐ Addition
6 Name		6 Name	
6 Street Address		6 Street Address	
6 City-St-Zip		6 City-St-Zip	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: James A. Reyes 4/20/95 305-444-7881

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0139959 CP