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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000083251 (6)**

1. Corporation Name

PENDA-MEXICO EMPLOYMENT CORPORATION



Principal Place of Business

**C/O TRIVEST. INC.
2665 S BAYSHORE DR SUITE 800
MIAMI FL 33133-5401**

Mailing Address

**C/O TRIVEST. INC.
2665 S BAYSHORE DR SUITE 800
MIAMI FL 33133-5401**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent

**KLEIN, PETER W
2665 S BAYSHORE DR
SUITE 800
MIAMI FL 33133-5401**

3. Date Incorporated or Qualified 11/15/1994	3a. Date of Last Report 03/10/1995
4. FEI Number 39-1804635	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent

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

FL

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 identical to block 9

(Print) Registered Agent's name (do not include address)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCKWAY, PETER C	1.2 NAME	
STREET ADDRESS	2665 S BAYSHORE DR SUITE 800	1.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33133	1.4 CITY-STATE-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNUTSON, BRUCE D	2.2 NAME	
STREET ADDRESS	2344 W WISCONSIN ST	2.3 STREET ADDRESS	
CITY-STATE-ZIP	PORTAGE WI	2.4 CITY-STATE-ZIP	
TITLE	DPCE <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUN, DANIEL E	3.2 NAME	
STREET ADDRESS	2344 W WISCONSIN ST	3.3 STREET ADDRESS	
CITY-STATE-ZIP	PORTAGE WI	3.4 CITY-STATE-ZIP	
TITLE	DTAS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIRTH, EARLE	4.2 NAME	
STREET ADDRESS	2344 W WISCONSIN ST	4.3 STREET ADDRESS	
CITY-STATE-ZIP	PORTAGE WI	4.4 CITY-STATE-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, PETER W.	5.2 NAME	
STREET ADDRESS	2665 S BAYSHORE DR STE 800	5.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	5.4 CITY-STATE-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUFFNER, MARILYN D.	6.2 NAME	
STREET ADDRESS	2665 S BAYSHORE DR STE 800	6.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	6.4 CITY-STATE-ZIP	

14. I do 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)(c), 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 or on an attachment with an address.

SIGNATURE: *M. D. Kuffner*

M. D. Kuffner, Asst. Sec'y

4/8/96

305/858-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)