

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 33133-5448
--	--

3. Date Incorporated or Qualified 11/15/1994	3a. Date of Last Report 04/12/1996
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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	DVP <input checked="" 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-ST-ZIP	MIAMI FL 33133	1.4 CITY-ST-ZIP	
TITLE	DVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNUTSON, BRUCE D	2.2 NAME	Blume, Mark J.
STREET ADDRESS	2344 W WISCONSIN ST	2.3 STREET ADDRESS	2344 W. Wisconsin Street
CITY-ST-ZIP	PORTAGE WI	2.4 CITY-ST-ZIP	Portage, WI 53901
TITLE	DPCE <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAUN, DANIEL E	3.2 NAME	Mydlowski, Gerard T.
STREET ADDRESS	2344 W WISCONSIN ST	3.3 STREET ADDRESS	2344 W. Wisconsin Street
CITY-ST-ZIP	PORTAGE WI	3.4 CITY-ST-ZIP	Portage, WI 53901
TITLE	DTAS <input checked="" 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-ST-ZIP	PORTAGE WI	4.4 CITY-ST-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-ST-ZIP	MIAMI FL	5.4 CITY-ST-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-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I do 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 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 if changed, or on an attachment with an address. **Marilyn D. Kuffner, Assistant Secretary**

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1407

CR2E034 (9/96)