

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000083257 (3)**

1. Corporation Name

**PENDA INTERNATIONAL HOLDING CORPORATION**



Principal Place of Business

Mailing Address

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

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**

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 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 title if applicable.

(Print): Registered Agent signature required when not a director.

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BROCKWAY, PETER C</b>	
STREET ADDRESS	<b>2665 S BAYSHORE DR SUITE 800</b>	
CITY-STATE-ZIP	<b>MIAMI FL 33133</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>KNUTSON, BRUCE D</b>	
STREET ADDRESS	<b>2344 W WISCONSIN ST</b>	
CITY-STATE-ZIP	<b>PORTAGE WI</b>	
TITLE	<b>DCP</b>	<input type="checkbox"/> DELETE
NAME	<b>BRAUN, DANIEL E</b>	
STREET ADDRESS	<b>2344 W WISCONSIN ST</b>	
CITY-STATE-ZIP	<b>PORTAGE WI 53901-0449</b>	
TITLE	<b>DCTS</b>	<input type="checkbox"/> DELETE
NAME	<b>WIRTH, EARLE</b>	
STREET ADDRESS	<b>2344 W WISCONSIN ST</b>	
CITY-STATE-ZIP	<b>PORTAGE WI 53901-0449</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>KUFFNER MARILYN D</b>	
STREET ADDRESS	<b>2665 SOUTH BAYSHORE DRIVE</b>	
CITY-STATE-ZIP	<b>MIAMI FL 33133</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>KLEIN, PETER W</b>	
STREET ADDRESS	<b>2665 SOUTH BAYSHORE DRIVE</b>	
CITY-STATE-ZIP	<b>MIAMI FL 33133</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**M. D. Kuffner, Asst. Sec'y**

**4/8/96**

**305/858-2200**

(Typed Name)

CR2E034 (12/95)