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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
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DOCUMENT # **P94000083257 (3)**

1. Corporation Name

PENDA INTERNATIONAL HOLDING 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
39-1804632

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 Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **BROCKWAY, PETER C**
STREET ADDRESS **2665 S BAYSHORE DR SUITE 800**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **DVP** ☒ DELETE
NAME **KNUTSON, BRUCE D**
STREET ADDRESS **2344 W WISCONSIN ST**
CITY-ST-ZIP **PORTAGE WI**

TITLE **DCP** ☒ DELETE
NAME **BRAUN, DANIEL E**
STREET ADDRESS **2344 W WISCONSIN ST**
CITY-ST-ZIP **PORTAGE WI 53901-0449**

TITLE **DCTS** ☒ DELETE
NAME **WIRTH, EARLE**
STREET ADDRESS **2344 W WISCONSIN ST**
CITY-ST-ZIP **PORTAGE WI 53901-0449**

TITLE **AS** ☐ DELETE
NAME **KUFFNER MARILYN D**
STREET ADDRESS **2665 SOUTH BAYSHORE DRIVE**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **S** ☐ DELETE
NAME **KLEIN, PETER W**
STREET ADDRESS **2665 SOUTH BAYSHORE DRIVE**
CITY-ST-ZIP **MIAMI FL 33133**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☒ Change ☐ Addition

DP

D, VP ☐ Change ☒ Addition
Mydlowski, Gerard
2344 W. Wisconsin Street
Portage, WI 53901

D, T ☐ Change ☒ Addition
Blume, Mark J.
2344 W. Wisconsin Street
Portage, WI 53901

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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
305/858-2200

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)