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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 7:51

DOCUMENT # **P94000092956 (9)**

1. Corporation Name
PENDA ROO HOLDING CORPORATION

Principal Place of Business	Mailing Address
C/O TRIVEST, INC. 2665 S. BAYSHORE DRIVE, STE 800 MIAMI FL 33133-5401	C/O TRIVEST, INC. 2665 S. BAYSHORE DRIVE, STE 800 MIAMI FL 33133-5401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/27/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 39-1808928 ☐ 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

~~KUFFNER, MARILYN D~~
~~2665 S. BAYSHORE DRIVE, SUITE 800~~
~~MIAMI FL 33133-5401~~

10. Name and Address of New Registered Agent

81 Name: Peter W. Klein
82 Street Address (P.O. Box Number is Not Acceptable): 2665 South Bayshore Drive
83: Suite 800
84 City: Miami **FL** 85 Zip Code: 33131

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: _____ 03/07/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~D~~	11 TITLE	☐ Change ☐ Addition
NAME	BROCKWAY, PETER C	12 NAME	
STREET ADDRESS	2665 S. BAYSHORE DRIVE, SUITE 800	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133-5401	14 CITY-ST-ZIP	
TITLE	~~D~~	21 TITLE	D/P/CEO ☑ Change ☐ Addition
NAME	~~BRAUN, DANIEL E~~	22 NAME	Daniel E. Braun
STREET ADDRESS	~~2665 S. BAYSHORE DRIVE, SUITE 800~~	23 STREET ADDRESS	2665 South Bayshore Drive, Suite 800
CITY-ST-ZIP	~~MIAMI FL 33133-5401~~	24 CITY-ST-ZIP	Miami, FL 33133-5401
TITLE	~~D~~	31 TITLE	D/VP ☑ Change ☐ Addition
NAME	~~KNUTSON, BRUCE D~~	32 NAME	Bruce D. Knutson
STREET ADDRESS	~~2665 S. BAYSHORE DRIVE, SUITE 800~~	33 STREET ADDRESS	2665 South Bayshore Drive, SUite 800
CITY-ST-ZIP	~~MIAMI FL 33133-5401~~	34 CITY-ST-ZIP	Miami, FL 33133-5401
TITLE	~~D~~	41 TITLE	D/T ☑ Change ☐ Addition
NAME	~~WIRTH, EARLE~~	42 NAME	Earle Wirth
STREET ADDRESS	~~2665 S. BAYSHORE DRIVE, SUITE 800~~	43 STREET ADDRESS	2665 South Bayshore Drive, Suite 800
CITY-ST-ZIP	~~MIAMI FL 33133-5401~~	44 CITY-ST-ZIP	Miami, FL 33133-5401
TITLE		51 TITLE	S ☐ Change ☑ Addition
NAME		52 NAME	Peter W. Klein
STREET ADDRESS		53 STREET ADDRESS	2665 South Bayshore Drive, Suite 800
CITY-ST-ZIP		54 CITY-ST-ZIP	Miami, FL 33133-5401
TITLE		61 TITLE	AS ☐ Change ☑ Addition
NAME		62 NAME	Marilyn D. Kuffner
STREET ADDRESS		63 STREET ADDRESS	2665 South Bayshore Drive, Suite 800
CITY-ST-ZIP		64 CITY-ST-ZIP	Miami, FL 33133-5401

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)(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: _____ 03/07/95 (305)858-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000035 FP