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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P95000070655

PENINA GOLD-DIAMOND, INC.

Principal Place of Business Mailing Address											
55 NE FIRST STREET 55 NE FIRST NEE											
SUITE 14-A		SUITE 14-A					THE PROPERTY OF THE PROPERTY O				
MIAMI FL 3313	2	MIAMI FL 33132				DO NOT WRITE IN THIS SPACE					
US		US					ite Incorpi 9/11/19	orated or Qualif- 95	ed		
2. Principal Pl	ace of Business	2a. Mailing Address					l Number			Ap	plied For
21		26				65	5-06068	348		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					etifonto of	f Status Desired		\$8.75	Additional
22		27					illicate of	Status Desired		Fee Re	equired
City & State	e	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
23		28									
Zip	Country Zip			Country 8.			8. This corporation owes the current year Intangible				
24	25 29 30			Pers			Personal Property Tax.				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Age				d Agent		
				81	Name		_	ALS 1.	.1		
BIN	/aminove, Michael			92	Stroot Add	<u>yami</u>	Pox Num	- YNYCh			
, 55 N			82 Street Address (P.O. Box Number is Not Acceptable				ptable)				
55 N	NE FIRST STRRE			83			/	. 2.			
MIA	MI FL 33132								· ·		
				84	City 🔨					1 1 1	Code
44 Durayant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutes	the al	nove	-named corr	poration su	bmits this	s statement for t	he purpose o	of changing its	registered
office or r	egistered agent, or both, in the State (of Florida. Such change was autr	norizea	ו עס ו	tne corporati	ion's board	of direct	ors. I hereby ac	cept the app	ointment as re	gistered
! agent. I a	m familiar with, and accept the obliga-	tions of, Section 607.0505, Florid	a Statı	utes.					1-1	1_99	•
SIGNATURE	Signature, typed or printed name of registered ageg	jaminue			t signature require		atina)		DATE	_//_	
425	Signature, typed or printed name of registered ages	A and title if applicable. (NOTE: RE	13.	Agent	signature require			CHANGES TO		ND DIRECTO	DRS IN 12
12.	PSTD	□ DIRECTORS □ DELETE	1,1 111	1 F		7,150	311101101	310 110 10 10	<u></u>	Change	Addition
	BINYAMINOVE, MICHAEL	_ OCELIA	1.2 NA								
NAME					ADDRESS	Pρ	Box	014419	Ì		ļ
STREET ADDRESS	55 NE 1ST ST #14-A			-		Al z:	~ ' .	<u> </u>	Stol	_ 4419	j
CITY-ST-ZIP	MIAMI FL			4 CITY-ST-ZIP		/ VI 10(2	<u>~, </u>	FL 3	3401	Change	☐ Addition
TITLE		_									
NAME				2.2 NAME							1
STREET ADDRESS					STREET ADDRESS						
CITY-ST-ZIP			2. 4 CI		T-ZIP				4,0	- Charact	
TITLE	☐ DELETE		3.1 TITLE							☐ Change	☐ Addition
NAME			3.2 NA	3.2 NAME							
STREET ADDRESS			3.3 ST	REET	ADDRESS						}
CITY-ST-ZIP			3.4. CI	TY-SI	T-ZiP						
TITLE		☐ DELETE	4,1 TIT	ΠE						Change	Addition
NAME			4.2 N	AME							
STREET ADDRESS			4.3 ST	REET	ADDRESS						
CITY-ST-ZIP			4.4 CF	TY-ST	-ZIP						
TITLE		☐ DELETE	5.1 TIT	ΠE		7.			_	Change	☐ Addition
NAME			5.2 NA	ME							
STREET ADDRESS			5.3 ST	REET	ADDRESS						
CITY-ST-ZIP			54 CI	TY-ST	r-ZIP						
TITLE		☐ DELETE	6.1 TIT	ΓLE			J		-	☐ Change	Addition
NAME		-	6.2 NA	ME							
			_		t t						

14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90061 017 ***150.00