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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000050170

1. Corporation Name
PESO ENTERPRISES INC

Principal Place of Business	Mailing Address
3101 S.W. 102ND AVENUE MIAMI FL 33165	3101 S.W. 102ND AVENUE MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/06/1997

2. Principal Place of Business	2a. Mailing Address
21 8700 Biscayne Blvd	26 8700 Biscayne Blvd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33138 Country 25 USA	Zip 29 33138 Country 30 USA

4. FEI Number: 65-0760639 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year intangible Personal Property Tax. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

SOSA, SABINO O
3101 S.W. 102ND AVENUE
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name: Reiner Pessoa
82 Street Address (P.O. Box Number is Not Acceptable): 8700 Biscayne Blvd
83
84 City: Miami FL 85 Zip Code: 33138

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 _____ DATE
Signature of or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	P ☐ Change ☒ Addition
NAME	SOSA, SABINO O	1.2 NAME	Renildo Ferreirade Conceicao
STREET ADDRESS	3101 S.W. 102ND AVENUE	1.3 STREET ADDRESS	6039 Collins Avenue #817
CITY-ST-ZIP	MIAMI FL 33165	1.4 CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	☐ DELETE	2.1 TITLE	S/T ☐ Change ☒ Addition
NAME		2.2 NAME	Reiner Pessoa
STREET ADDRESS		2.3 STREET ADDRESS	6039 COLLINS AVE #410
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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.

SIGNATURE: x _____ 4/8/99 x 3055790076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #