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PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED

99 MAR 11 PM 3:01

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P97000072165

1. Corporation Name PEDROAD INC.

Principal Place of Business

301 S.W. 71ST PLACE MIAMI FL 33144

Mailing Address

801 S.W. 71ST PLACE MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1997

4. FEI Number

65-0777352

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 owes the current year intangible Personal Property Tax.

Yes No

2. Principal Place of Business

1. Suite, Apt. #, etc.

3. City & State

4. Zip

5. Country

2a. Mailing Address

2b. Suite, Apt. #, etc.

2c. City & State

2d. Zip

2e. Country

9. Name and Address of Current Registered Agent

RIVERO, PEDRO L 801 S.W. 71ST PLACE MIAMI FL 33144

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

I, 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]

3/18/99

DATE

12. OFFICERS AND DIRECTORS

11. TITLE

PD RIVERO, PEDRO L 801 S.W. 71ST PLACE MIAMI FL 33144

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

Change Addition

15. TITLE

16. NAME

17. STREET ADDRESS

18. CITY-ST-ZIP

DELETE

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

Change Addition

19. TITLE

20. NAME

21. STREET ADDRESS

22. CITY-ST-ZIP

DELETE

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

Change Addition

23. TITLE

24. NAME

25. STREET ADDRESS

26. CITY-ST-ZIP

DELETE

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

Change Addition

27. TITLE

28. NAME

29. STREET ADDRESS

30. CITY-ST-ZIP

DELETE

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

Change Addition

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-ST-ZIP

DELETE

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

Change Addition

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 the report as required by Chapter 607, Florida Statutes; and that my name appears in the report as required by Chapter 607, Florida Statutes.

[Signature] 3/18/99

CR2E034 (11/98)