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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P97000075235 (6)

PENVAL TECHNOLOGIES, INC.

FILED May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1843 S.W. 138TH AVENUE 1843 S.W. 138TH AVENUE MIAMI FL 33175 MIAMI FL 33175 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>08/28/1997</u> Applied For Principal Place of Business 2a. Mailing Address 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Country Country Z_{10} This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. Yes ∏ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PENA, JORGE 1843 S.W. 138TH AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33175** В3 84 City 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 printing name of registered agent and till in apptituable (NOTE Registered Agent signature required whon reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change TITLE 1,1 TOLE Addition NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADORESS *311*J 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CiTY - ST - ZiP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE Change TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CiTY-ST-ZIP DELETE 0000025122年^{日1110} -05/06/98--01002--022 。 TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** ***150.00 CITY-ST-ZIP 6.4 CITY - ST - ZIP

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 eath; 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.

CIGNATUDE

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