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Apr 29, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000042695

1. Corporation Name

PELETEIRO COMPANY, INC.



Principal Place of Business 226 N.E. First AVE Suite 314 MIAMI FL 33132	Mailing Address 226 N.E. First AVE Suite 314 MIAMI FL 33132
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
5-12-98

2. Principal Place of Business 21 1460 S.E. 2ND AVE Suite, Apt. #, etc. 22	2a. Mailing Address 26 1460 S.E. 2ND AVE Suite, Apt. #, etc. 27	4. FEI Number 65-0855790	Applied For Not Applicable
City & State 23 DANIA, FL	City & State 28 DANIA, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip Country 24 33004 25 BROWARD	Zip Country 29 33004 30 BROWARD	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PELETEIRO, FERNANDO
 110 MENDOZA AVE. # 7
 CORAL GABLES, FL 33134

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	1460 S.E. First Ave.
83	
84 City	DANIA
85 Zip Code	FL 33004

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELETEIRO, FERNANDO	1.2 NAME	
STREET ADDRESS	110 MENDOZA AVE # 7	1.3 STREET ADDRESS	1460 S.E. First AVE.
CITY-ST-ZIP	CORAL GABLES, FL 33134	1.4 CITY-ST-ZIP	DANIA, FL 33004
TITLE	V/P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALOMANES, MARIA R.	2.2 NAME	
STREET ADDRESS	110 MENDOZA AVE # 7	2.3 STREET ADDRESS	1460 S.E. First AVE
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	DANIA, FL 33004
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALOMANES, MARIA R.	3.2 NAME	
STREET ADDRESS	110 MENDOZA AVE # &	3.3 STREET ADDRESS	1460 S.E. First AVE
CITY-ST-ZIP	CORAL GABLES, FL 33134	3.4 CITY-ST-ZIP	DANIA, FL 33004
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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)(l), 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-99 306

Date

Daytime Phone #