

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90114 033 ***150.00

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
--	--

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
City & State 23 DANIA, FL	City & State 28 DANIA, FL
Zip Country 24 33004 25 BROWARD	Zip Country 29 33004 30 BROWARD

4. FEI Number 65-0855790	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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

9. Name and Address of Current Registered Agent PELETEIRO, FERNANDO 110 MENDOZA AVE. # 7 CORAL GABLES, FL 33134	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1460 S.E. First Ave. 83 84 City DANIA FL 85 Zip Code 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 _____ (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	NAME PELETEIRO, FERNANDO	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME
STREET ADDRESS 110 MENDOZA AVE # 7	CITY-ST-ZIP CORAL GABLES, FL 33134	1.3 STREET ADDRESS 1460 S.E. First AVE.	1.4 CITY-ST-ZIP DANIA, FL 33004
TITLE V/P <input type="checkbox"/> DELETE	NAME PALOMANES, MARIA R.	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME
STREET ADDRESS 110 MENDOZA AVE # 7	CITY-ST-ZIP CORAL GABLES FL 33134	2.3 STREET ADDRESS 1460 S.E. First AVE	2.4 CITY-ST-ZIP DANIA, FL 33004
TITLE S <input type="checkbox"/> DELETE	NAME PALOMANES, MARIA R.	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME
STREET ADDRESS 110 MENDOZA AVE # &	CITY-ST-ZIP CORAL GABLES, FL 33134	3.3 STREET ADDRESS 1460 S.E. First AVE	3.4 CITY-ST-ZIP DANIA, FL 33004
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-99 306
 Date Daytime Phone #