

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # S12881

(6)

1. Corporation Name

PENINSULAR GLOBAL, INC.

Principal Place of Business

**4500 N.W. 183RD ST.
MIAMI FL 33055**

Mailing Address

**4500 N.W. 183RD ST.
MIAMI FL 33055**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/13/1990

3a. Date of Last Report

01/21/1994

4. FEI Number

59-2140457

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 has liability for intangible tax under s. 199.052,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

County

25

Zip

29

County

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDELMAN, STUART J., ESQ.

815 PONCE DE LEON BLVD. *Change of Address*

SUITE 200

CORAL GABLES FL 33134

81 Name

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

328 MINORCA AVENUE 2ND FLOOR

84 City

Coral Gable

FL

85 Zip Code

33134

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 the applicant

(NOTE: Registered Agent signature required when re-stating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

VERDI, HECTOR

STREET ADDRESS

4500 N.W. 183RD ST

CITY - ST - ZIP

MIAMI FL

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE

D

NAME

VERDI, MARIA

STREET ADDRESS

4500 N.W. 183RD ST

CITY - ST - ZIP

MIAMI FL

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE

D

NAME

RODRIGUEZ, AMADO

STREET ADDRESS

4500 N.W. 183RD ST

CITY - ST - ZIP

MIAMI FL

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

D

NAME

RODRIGUEZ, MARIA

STREET ADDRESS

4500 N.W. 183RD ST

CITY - ST - ZIP

MIAMI FL

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 member 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, unchanged or on an attachment with an address.

SIGNATURE:

Hector Verdi

Hector Verdi

6/9/95

(305) 625-0074

SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR

(Type in Block 14)

CR2E034 (3/95)