

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V35440** (9)

1. Corporation Name
BRAULIO A. PENA, INC.



Principal Place of Business: **5300 SW 62ND AVE MIAMI FL 33155 US**
Mailing Address: **444 BRICKELL AVE SUITE 51-176 MIAMI FL 33131-2492 US**

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

3. Date Incorporated or Qualified: **05/12/1992**
3a. Date of Last Report: **03/30/1995**
4. FEI Number: **65-0337855**
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. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **PENA, BRAULIO A. 5300 SW 62ND AVE MIAMI FL 33155**
10. Name and Address of New Registered Agent: 81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code **FL**

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: <input type="checkbox"/> DELETE	PVS PENA, BRAULIO A. 5300 SW 62ND AVE MIAMI FL	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		1.2 NAME:	
STREET ADDRESS:		1.3 STREET ADDRESS:	
CITY - ST - ZIP:		1.4 CITY - ST - ZIP:	
TITLE: <input type="checkbox"/> DELETE	TD PENA, BRAULIO A. 5300 SW 62ND AVE MIAMI FL	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		2.2 NAME:	
STREET ADDRESS:		2.3 STREET ADDRESS:	
CITY - ST - ZIP:		2.4 CITY - ST - ZIP:	
TITLE: <input type="checkbox"/> DELETE		3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY - ST - ZIP:		3.4 CITY - ST - ZIP:	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 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.

SIGNATURE: *Braulio A. Pena* 1/25/95 (305) 358-1004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)