FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 11 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (2)PEBEX INTERNATIONAL INC. Principal Place of Business Mailing Address 8377 NW 66 STREET 8377 NW 66 STREET MIAMI FL 33166 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 07/09/1992 2. Principal Place of Business Mailing Address 8343 Suite, Apt. 1, etc. 4. FEI Number Applied For NW 665 8343 26 65-0346586 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 29 Address of Current Registered Agent 10. Name and Address of New Registered Agent Name LAVIOSA, FERNANDO **8377 NW 68 STREET** Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33166** 83 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 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 algorithms required when reinstating DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 11 TITLE Change ☐ Addition TIFLE PELUCARTE, JOSE RAMON NAME 1.2 NAME CR2E034 8377 NW 66 STREET STREET ADORESS 1.3 STREET ADDRESS MIAMI FL 33166 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition LAVIOSA, FERNANDO NAME 2.2 NAME 8377 NW 66 STREET STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33166** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 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 Chance Addition TITLE 5 1 TITLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-21P 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6 2 NAME STREET ADDRESS 6.3 STREET ADORESS 14. I hereby certify that the information supplied with this filing does not call 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 further 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 trusted by execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or supplemental annual report is officer or director of the corporation or the receiver or trusted Block 12 or Block 13 if changed or on the receiver with any

SIGNATURE:

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