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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996										
DOCUI	MENT #	V543	20	(9)							
PEGI	JEROS SANI	O & ROCK SAL	.es, inc	•							
							1 1001 0 1100				e n duan enem dan
Principal Place	of Business		Mailin	ng Address			 [[#]]		Dir balı bili		DÍO 81811 BIOLÍ 1861
692 W 29	\$T			92 W 29 ST							
SUITE 9 HIALEAH F	1 3901 2		8	UITE 9							
INCCALL	L 33012			IALEAH FL 33012			3. Date Incorporate		3a. Da	te of Last R	eport
2. Principal Pl	ace of Business		2a. M	ailing Address			07/27/199 4. FEI Number	92	<u> </u>	05/01/1	
21	000 07 2001 1000		26	ailing Audress			65-0354	ନ୍ୟନ		├ ─ ∔	Applied For Not Applicable
Suite, Apt.	#, etc.		S	uite, Apt. #, etc.			5. Certificate of Sta				Additional
City & State			27	4. 8 Ot-1-							Required
23	3		28	ty & State			Election CampaigTrust Fund Contr				May Be
Zip		Country	Zij	p	Cour	ntry	This corporation				d to Fees 199.032.
24	25	444	29		30		Florida Statutes	☐ Yes	No		100,002,
	9. Name and	Address of Currer	it Hegister	ed Agent		81 Name	10. Name and Add	ress of New R	legistered	Agent	
PEGUE	ERO, EPIFANIO										
	SOUTHWEST				ŀ	82 Street Ad	idress (P.O. Box Number is	s Not Acceptab	ole)		
MIAMI	FL 33175				Ī	83		7.1			
										11	o Code
					i	84 City					
44 Durament to	o the manifelance	10-4	1000		ľ	' '			FL	11	
11. Pursuant to	o the provisions o	f Sections 607,0502 in the State of Florid	and 607.18 da. Such ch	508, Florida Statute ange was authoriz	es, the above	' '	poration submits this statem pard of directors. I hereby a	nent for the pur	FL pose of ch	11	
	o the provisions o ed agent, or both, h, and accept the	of Sections 607,0502 in the State of Floric obligations of, Secti	and 607.18 da. Such ch ion 607.050	508, Florida Statute ange was authoriz 5, Florida Statutes	es, the above	' '	poration submits this statem pard of directors. I hereby a	nent for the pur accept the appo	FL pose of chointment a	11	
SIGNATURE _	,	of Sections 607.0502 in the State of Floric obligations of, Section		of Florida Cialdica	es, the aboved by the co	ve-named corp orporation's bo	poration submits this staten pard of directors. I hereby a fred when renstating)	nent for the pur accept the appo	FL pose of ch pintment a	11	
SIGNATURE	Signature, typed or printe		and title if appric	able (NO	es, the aboved by the co	ve-named corporation's bo			pose of chointment a	anging its registered	egistered office agent. I am
SIGNATURE 5	Signature, typed or printe	ed name of registered agent OFFICERS AND	and title if appric	able (NO	es, the aboved by the co	/e-named corporation's bo	ired when reinstating)		pose of chointment as DATE CERS ANI	anging its registered	egistered office agent. I am
SIGNATURE	Signature, typed or printe PST PEGUERO	of registered agent OFFICERS AND	and tille if applic DIRECTO	able (NO	es, the aboved by the order. 13. 1.1 TIT	ve-named corporation's bo	ired when reinstating)		pose of chointment as DATE CERS ANI	nanging its resistered	egistered office agent. I am
SIGNATURE	Signature, typed or printe PST PEGUERO	ed name of registered agent OFFICERS AND	and tille if applic DIRECTO	able (NO	es, the aboved by the constitution of the Registered A 1.1 TIT 1.2 NAM 1.3 STR	ve-named corporation's bo	ired when reinstating)		pose of chointment as DATE CERS ANI	nanging its resistered	egistered office agent. I am
SIGNATURE	Sgnature, typed or privite PST PEGUERO, 13746 SOU	of registered agent OFFICERS AND	and tille if applic DIRECTO	able (NO	es, the aboved by the constitution of the Registered A 1.1 TIT 1.2 NAM 1.3 STR	Agont eignature requirements LE ME EEET ADDRESS Y-ST-ZIP	ired when reinstating)		pose of ch bintment a: DATE CERS ANI	nanging its resistered	egistered office agent. I am
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Sgnature, typed or privite PST PEGUERO, 13746 SOU	of registered agent OFFICERS AND	and tille if applic DIRECTO	RS DELETE	es, the aboved by the control of the Registered A 13. 1.1 TIT 1.2 NAI 1.3 STR 1.4 CIT	Agont signature required. LE ME SEET ADDRESS Y-ST-ZIP LE	ired when reinstating)		pose of ch bintment a: DATE CERS ANI	anging its restreed DIRECTO Change	egistered office agent. I am RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Sgnature, typed or privite PST PEGUERO, 13746 SOU	of registered agent OFFICERS AND	and tille if applic DIRECTO	RS DELETE	es, the aboved by the constitution of the second state of the seco	Agont signature required. LE ME SEET ADDRESS Y-ST-ZIP LE	ired when reinstating)		pose of ch bintment a: DATE CERS ANI	anging its restricted by the strength of the s	egistered office agent. I am RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sgnature, typed or privite PST PEGUERO, 13746 SOU	of registered agent OFFICERS AND	and tille if applic DIRECTO	ABOIO (NO PIS DELETE	es, the aboved by the color of the Registered A 13. 1.1 TIT 1.2 NAM 1.3 STR 1.4 CIT 2.1 TIT 2.2 NAM 2.3 STR 2.4 CIT 1.4 CIT 2.4 CIT 1.5 CIT 1.	Agont signature required to the signature re	ired when reinstating)		pose of cr pointment a DATE CERS ANI	anging its restreed DIRECTO Change Change	egistered office agent. I am RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Sgnature, typed or privite PST PEGUERO, 13746 SOU	of registered agent OFFICERS AND	and tille if applic DIRECTO	RS DELETE	es, the aboved by the color of the second by the	Agont signature required to the signature re	ired when reinstating)		pose of cr pointment a DATE CERS ANI	anging its restricted by the strength of the s	egistered office agent. I am RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	Sgnature, typed or privite PST PEGUERO, 13746 SOU	of registered agent OFFICERS AND	and tille if applic DIRECTO	ABOIO (NO PIS DELETE	es, the aboved by the color of	Agont signature requirements Agont signature requirements LE ME BEET ADDRESS Y-ST-2IP LE ME BEET ADDRESS Y-ST-ZIP LE ME BEET ADDRESS Y-ST-ZIP LE ME BEET ADDRESS	ired when reinstating)		pose of cr pointment a DATE CERS ANI	anging its restreed DIRECTO Change Change	egistered office agent. I am RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Sgnature, typed or privite PST PEGUERO, 13746 SOU	of registered agent OFFICERS AND	and tille if applic DIRECTO	ABOIO (NO PIS DELETE	es, the aboved by the color of	Agont signature required to the signature re	ired when reinstating)		pose of cr pointment a DATE CERS ANI	anging its restreed DIRECTO Change Change	egistered office agent. I am RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sgnature, typed or privite PST PEGUERO, 13746 SOU	of registered agent OFFICERS AND	and tille if applic DIRECTO	ABOIO (NO PIS DELETE	es, the aboved by the color of	Agont signature required to the signature re	ired when reinstating)		pose of cr portreent as DATE CERS ANI	DIRECTO Change Change	egistered office agent. I am RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Sgnature, typed or privite PST PEGUERO, 13746 SOU	of registered agent OFFICERS AND	and tille if applic DIRECTO	DELETE DELETE DELETE	es, the aboved by the color of	Agont signature required to the proportion of th	ired when reinstating)		pose of cr portreent as DATE CERS ANI	anging its restreed DIRECTO Change Change	egistered office agent. I am RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Sgnature, typed or privite PST PEGUERO, 13746 SOU	of registered agent OFFICERS AND	and tille if applic DIRECTO	DELETE DELETE DELETE	es, the aboved by the color of	Agont signature required to the proportion of th	ired when reinstating)		pose of cr portreent as DATE CERS ANI	DIRECTO Change Change	egistered office agent. I am RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP	Sgnature, typed or privite PST PEGUERO, 13746 SOU	of registered agent OFFICERS AND	and tille if applic DIRECTO	DELETE DELETE DELETE	es, the aboved by the color of	Agont signature required to the proportion of th	ired when reinstating)		pose of cr portreent as DATE CERS ANI	DIRECTO Change Change	egistered office agent. I am RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Sgnature, typed or privite PST PEGUERO, 13746 SOU	of registered agent OFFICERS AND	and tille if applic DIRECTO	DELETE DELETE DELETE	es, the aboved by the color of	Agont signature requirements by the second signa	ired when reinstating)		pose of cr parte CERS ANI	DIRECTO Change Change	egistered office agent. I am RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Sgnature, typed or privite PST PEGUERO, 13746 SOU	of registered agent OFFICERS AND	and tille if applic DIRECTO	DELETE DELETE DELETE	es, the aboved by the color of	Agont eignature requirements by the second of the second o	ired when reinstating)		pose of cr parte CERS ANI	anging its restricted by the strength of the s	egistered office agent. I am RS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Sgnature, typed or privite PST PEGUERO, 13746 SOU	of registered agent OFFICERS AND	and tille if applic DIRECTO	DELETE DELETE DELETE	es, the aboved by the color of	Agont eignature requirements by the second signature requirements by the second signa	ired when reinstating)		pose of cr parte CERS ANI	anging its restricted by the strength of the s	egistered office agent. I am RS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Sgnature, typed or privite PST PEGUERO, 13746 SOU	of registered agent OFFICERS AND	and tille if applic DIRECTO	DELETE DELETE DELETE	es, the aboved by the color of	Agont eignature requirements by the second signature requirements by the second signa	ired when reinstating)		pose of cr portreent as DATE CERS ANI	anging its restricted by the strength of the s	egistered office agent. I am RS IN 12 Addition Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP	Sgnature, typed or privite PST PEGUERO, 13746 SOU	of registered agent OFFICERS AND	and tille if applic DIRECTO	DELETE DELETE DELETE DELETE	es, the aboved by the color of	Agont signature requirements by the second signa	ired when reinstating)		pose of cr portreent as DATE CERS ANI	anging its restricted by the strength of the s	egistered office agent. I am RS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Sgnature, typed or privite PST PEGUERO, 13746 SOU	of registered agent OFFICERS AND	and tille if applic DIRECTO	DELETE DELETE DELETE DELETE	es, the aboved by the or a series of the control of	Agont signature requirements by the second signa	ired when reinstating)		pose of cr portreent as DATE CERS ANI	anging its restricted by the strength of the s	egistered office agent. I am RS IN 12 Addition Addition Addition Addition Addition

a. Too merely 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: _

SIGNATURE AND TYPED OR PRIMES NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 30v. 226 3974