

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 10 AM 9: 23

DOCUMENT # P94000083251 (6)

1. Corporation Name

PENDA-MEXICO EMPLOYMENT CORPORATION

Principal Place of Business

C/O TRIVEST, INC.
2665 S BAYSHORE DR SUITE 800
MIAMI FL 33133-5401

Mailing Address

C/O TRIVEST, INC.
2665 S BAYSHORE DR SUITE 800
MIAMI FL 33133-5401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/15/1994

3a. Date of Last Report

N/A

4. FEI Number

39-1804635

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. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

KLEIN, PETER W
2665 S BAYSHORE DR
SUITE 800
MIAMI FL 33133-5401

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number Is Not Acceptable)

03

04 City

FL

05 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 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 title if applicable.

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

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BROCKWAY, PETER C
STREET ADDRESS	2665 S BAYSHORE DR SUITE 800
CITY-ST-ZIP	MIAMI FL 33133
TITLE	D and Vice President
NAME	KNUTSON, BRUCE D
STREET ADDRESS	2344 W WISCONSIN ST
CITY-ST-ZIP	PORTAGE WI 53901-0449
TITLE	D/P/CEO
NAME	BRAUN, DANIEL E
STREET ADDRESS	2344 W WISCONSIN ST
CITY-ST-ZIP	PORTAGE WI 53901-0449
TITLE	D/T/CFO/AS
NAME	WIRTH, EARLE
STREET ADDRESS	2344 W WISCONSIN ST
CITY-ST-ZIP	PORTAGE WI 53901-0449
TITLE	S
NAME	Klein, Peter W.
STREET ADDRESS	2665 South Bayshore Drive, Suite 800
CITY-ST-ZIP	Miami, Florida 33133
TITLE	AS
NAME	Kuffner, Marilyn D.
STREET ADDRESS	2665 South Bayshore Drive, Suite 800
CITY-ST-ZIP	Miami, Florida 33133

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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.

Marilyn D. Kuffner, Assistant Secretary

SIGNATURE:

Marilyn D. Kuffner
SIGNATURE AND TYPED OR PRINTED NAME OF NOMINEE OFFICER OR DIRECTOR

03/07/95

305/858-2200