

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**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**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **11/15/1994**  
3a. Date of Last Report: **03/10/1995**  
4. FEI Number: **39-1804635**  
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**

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

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
FL 85 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)

(Print) Registered Agent's signature (required when filing change)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROCKWAY, PETER C</b>	1.2 NAME	
STREET ADDRESS	<b>2665 S BAYSHORE DR SUITE 800</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>MIAMI FL 33133</b>	1.4 CITY-STATE-ZIP	
TITLE	<b>DVP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNUTSON, BRUCE D</b>	2.2 NAME	
STREET ADDRESS	<b>2344 W WISCONSIN ST</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>PORTAGE WI</b>	2.4 CITY-STATE-ZIP	
TITLE	<b>DPCE</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAUN, DANIEL E</b>	3.2 NAME	
STREET ADDRESS	<b>2344 W WISCONSIN ST</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>PORTAGE WI</b>	3.4 CITY-STATE-ZIP	
TITLE	<b>DTAS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WIRTH, EARLE</b>	4.2 NAME	
STREET ADDRESS	<b>2344 W WISCONSIN ST</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>PORTAGE WI</b>	4.4 CITY-STATE-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLEIN, PETER W.</b>	5.2 NAME	
STREET ADDRESS	<b>2665 S BAYSHORE DR STE 800</b>	5.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>MIAMI FL</b>	5.4 CITY-STATE-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KUFFNER, MARILYN D.</b>	6.2 NAME	
STREET ADDRESS	<b>2665 S BAYSHORE DR STE 800</b>	6.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>MIAMI FL</b>	6.4 CITY-STATE-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)(c), 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 or changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**M. D. Kuffner, Asst. Sec'y**

4/8/96

305/858-2200

(Date)

Daytime Phone #

CR2E034 (12/95)