

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 # **P94000083257 (3)**

1. Corporation Name

PENDA INTERNATIONAL HOLDING CORPORATION



Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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)

(DATE - Registered Agent sign after receipt of this report only)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BROCKWAY, PETER C	
STREET ADDRESS	2665 S BAYSHORE DR SUITE 800	
CITY- ST- ZIP	MIAMI FL 33133	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	KNUTSON, BRUCE D	
STREET ADDRESS	2344 W WISCONSIN ST	
CITY- ST- ZIP	PORTAGE WI	
TITLE	DCP	<input type="checkbox"/> DELETE
NAME	BRAUN, DANIEL E	
STREET ADDRESS	2344 W WISCONSIN ST	
CITY- ST- ZIP	PORTAGE WI 53901-0449	
TITLE	DCTS	<input type="checkbox"/> DELETE
NAME	WIRTH, EARLE	
STREET ADDRESS	2344 W WISCONSIN ST	
CITY- ST- ZIP	PORTAGE WI 53901-0449	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	KUFFNER MARILYN D	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE	
CITY- ST- ZIP	MIAMI FL 33133	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KLEIN, PETER W	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE	
CITY- ST- ZIP	MIAMI FL 33133	

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 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:

M. D. Kuffner

M. D. Kuffner, Asst. Sec'y 4/8/96.

305/858-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone #

CR2E034 (12/95)