

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 24 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000083257 (3)**  
 1. Corporation Name  
**PENDA INTERNATIONAL HOLDING CORPORATION**



Principal Place of Business <b>C/O TRIVEST. INC. 2665 S BAYSHORE DR SUITE 800 MIAMI FL 33133-5401</b>	Mailing Address <b>C/O TRIVEST. INC. 2665 S BAYSHORE DR SUITE 800 MIAMI FL 33133-5448</b>
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3. Date Incorporated or Qualified <b>11/15/1994</b>	3a. Date of Last Report <b>04/12/1996</b>
4. FEI Number <b>39-1804632</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>DP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP	<b>D, VP</b>	
21 TITLE	<b>Mydlowski, Gerard</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>2344 W. Wisconsin Street</b>	
23 STREET ADDRESS	<b>Portage, WI 53901</b>	
24 CITY-ST-ZIP		
31 TITLE	<b>D, T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>Blume, Mark J.</b>	
33 STREET ADDRESS	<b>2344 W. Wisconsin Street</b>	
34 CITY-ST-ZIP	<b>Portage, WI 53901</b>	
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 does not qualify for 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 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Marilyn D. Kuffner, Assistant Secretary**  
**305/858-2200**

CR2E034 (9/96)