

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 7:51

DOCUMENT # **P94000092956 (9)**

1. Corporation Name

PENDA ROO HOLDING CORPORATION

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/27/1994**
3a. Date of Last Report: **N/A**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		39-1808928		Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		30. Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KUFFNER, MARILYN D 2665 S. BAYSHORE DRIVE, SUITE 800 MIAMI FL 33133-5401				81. Name: Peter W. Klein			
				82. Street Address (P.O. Box Number is Not Acceptable): 2665 South Bayshore Drive			
				83. Suite: Suite 800			
				84. City: Miami FL 85. Zip Code: 33131			

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]* DATE: **03/07/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCKWAY, PETER C	1.2 NAME	
STREET ADDRESS	2665 S. BAYSHORE DRIVE, SUITE 800	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133-5401	1.4 CITY-ST-ZIP	
TITLE	B	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUN, DANIEL E	2.2 NAME	Daniel E. Braun
STREET ADDRESS	2665 S. BAYSHORE DRIVE, SUITE 800	2.3 STREET ADDRESS	2665 South Bayshore Drive, Suite 800
CITY-ST-ZIP	MIAMI FL 33133-5401	2.4 CITY-ST-ZIP	Miami, FL 33133-5401
TITLE	B	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNUTSON, BRUCE D	3.2 NAME	Bruce D. Knutson
STREET ADDRESS	2665 S. BAYSHORE DRIVE, SUITE 800	3.3 STREET ADDRESS	2665 South Bayshore Drive, Suite 800
CITY-ST-ZIP	MIAMI FL 33133-5401	3.4 CITY-ST-ZIP	Miami, FL 33133-5401
TITLE	B	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIRTH, EARLE	4.2 NAME	Earle Wirth
STREET ADDRESS	2665 S. BAYSHORE DRIVE, SUITE 800	4.3 STREET ADDRESS	2665 South Bayshore Drive, Suite 800
CITY-ST-ZIP	MIAMI FL 33133-5401	4.4 CITY-ST-ZIP	Miami, FL 33133-5401
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter W. Klein	5.2 NAME	Peter W. Klein
STREET ADDRESS	2665 South Bayshore Drive, Suite 800	5.3 STREET ADDRESS	2665 South Bayshore Drive, Suite 800
CITY-ST-ZIP	Miami, FL 33133-5401	5.4 CITY-ST-ZIP	Miami, FL 33133-5401
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marilyn D. Kuffner	6.2 NAME	Marilyn D. Kuffner
STREET ADDRESS	2665 South Bayshore Drive, Suite 800	6.3 STREET ADDRESS	2665 South Bayshore Drive, Suite 800
CITY-ST-ZIP	Miami, FL 33133-5401	6.4 CITY-ST-ZIP	Miami, FL 33133-5401

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)(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 trustee 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 of change of an individual with an address.

SIGNATURE: *[Signature]* DATE: **03/07/95** (305)858-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR