FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

[illegible] AM 10:17

[illegible] OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S99175 (9)

1. Current Name
PESOS, INC.

Principal Place of Business	Mailing Address
523 S WASHINGTON BLVD SARASOTA FL 34236	523 S WASHINGTON BLVD SARASOTA FL 34236

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated/Qualified/Domiciled: 12/06/1991
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business 21
2a. Mailing Address 26
4. FEI Number: 65-0310080 ☐ Applied For ☐ Not Applicable
State Agent # 22
State Agent # 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City, State 23
City & State 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
24 25 29 30
8. Is this corporation now qualified as an organization under s. 501(c) of the Florida Statutes? ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SHERR, S. SY
523 S WASHINGTON BLVD
SARASOTA FL 34236

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 section 607.1622, Florida Statutes, the undersigned corporation files this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. The name and address of the registered office and the name and address of the registered agent of the corporation as changed are set forth above.

SIGNATURE

12. Officers and Directors

Title	D
Name	SHERR, S. SY
Address	523 S WASHINGTON BLVD
City-St-Zip	SARASOTA FL
Title	D
Name	WONG, DANNY
Address	523 S WASHINGTON BLVD
City-St-Zip	SARASOTA FL
Title	D
Name	COLUCCI, MAURIZIO
Address	523 S WASHINGTON BLVD
City-St-Zip	SARASOTA FL

13. Additional Changes to be Reported (Check One)

Title	☐ Change ☐ Add/Delete
Name	
Address	
City-St-Zip	
Title	☐ Change ☐ Add/Delete
Name	
Address	
City-St-Zip	
Title	☐ Change ☐ Add/Delete
Name	
Address	
City-St-Zip	
Title	☐ Change ☐ Add/Delete
Name	
Address	
City-St-Zip	
Title	☐ Change ☐ Add/Delete
Name	
Address	
City-St-Zip	

14. I declare, that the information appearing above is true and accurate, and that I am familiar with the provisions of Florida Statutes, including the penalties for making false statements in filing annual reports required by Florida Statutes. I further declare that I am familiar with the duties and responsibilities of the registered agent and that I accept the appointment as registered agent. I am aware that the mailing address and the street address must be identical if both are required to be provided.

SIGNATURE: [signature] 4/26/95 359-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0342350 CP