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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Apr 30 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **M35138**

14. I do hereby certify that the information supplied with this filing does not quinformation indicated on this annual report I am an officer or director of the control or the receiver or trustee entry.

SIGNATURE AND TYPED OR PRINTED NAME OF

appears in Block 12 or Block 13

SIGNATURE:

PRENDES AND PRENDES, INC.

Principal Place of Business Mailing Address % RAMON M. PRENDES * RAMON M. PRENDES 4320 W BROWARD BLVD., #5 883 NORTH FIG TREE LANE PLANTATION FL 33317 PLANTATION FL 33317-1347 3. Date Incorporated or Qualified 3a. Date of Last Report 07/13/1986 04/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2699414 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zιρ Country Country Zip 8. This corporation has liability for intangible tax under s. 199,032, 24 25 29 30 Florida Statutes X Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PRENDES, RAMON M. Name 883 NORTH FIG TREE LANE Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33317 63 64 City 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: typical or printed name of registerios agent and title if applicable. (NOTE Registered Agent signature required when reinstating 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition PRENDES, RAMON M. NAME 1.2 NAME 833 NORTH FIG TREE LANE STREET ADDRESS 1.3 STREET ADDRESS PLANTATION FL CITY - ST - ZIF 1.4 CITY-ST-ZIP DELETE THEF 2.1 TITLE Change Addition PRENDES, PETER J. NAME 2.2 NAME 883 N. FIG TREE LN STREET ADDRESS 2.3 STREET ADDRESS PLANTATION FL CITY - ST- ZIF 2.4 CITY-ST-ZIP THILE DELETE 3.1 TITLE ☐ Change ___ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-ST-7F 34. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY: ST-ZiP TITLE DELETE 5.1 TITLE ☐ Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZiF 5.4 CITY - ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

address.

qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the risk true and accurate and that my signature shall have the same legal effect as if made under oath; that in powered to execute this report as required by Chapter 607. Florida Statutes; and that my name

April 23/97