

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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L71042
1. Corporation Name

Pasadena Estates, INC

Principal Place of Business

4302 SW. 107 WAY
DAVIE FL 33328

Mailing Address

PO Box 8789
Pembroke Pines FL
33084

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 5/8/90	3a. Date of Last Report 5/1/94
4. FEI Number 05-0188660	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input 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 B+C Corporate Services, INC. Courthouse Center, suite 2000 175 NW FIRST AVENUE MIAMI, FL 33128-6965	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
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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 law firm, if applicable. (NOTE: Registered Agent signature required when 10.10.1995)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Berger, Adolf J	1.2 NAME	800001483038
STREET ADDRESS	1000 N. HIATUS Rd	1.3 STREET ADDRESS	-05/10/95--01096--009
CITY- ST- ZIP	Pembroke Pines, FL	1.4 CITY- ST- ZIP	***200.00 ***200.00
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Berger, Helene	2.2 NAME	
STREET ADDRESS	1000 N. HIATUS Rd.	2.3 STREET ADDRESS	
CITY- ST- ZIP	Pembroke Pines, FL	2.4 CITY- ST- ZIP	
TITLE	V/D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miller, Robert B.	3.2 NAME	
STREET ADDRESS	1000 N. HIATUS Rd	3.3 STREET ADDRESS	
CITY- ST- ZIP	Pembroke Pines, FL	3.4 CITY- ST- ZIP	
TITLE	V/D/T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cott, Lawrence J	4.2 NAME	5/1/95 list
STREET ADDRESS	1000 N. HIATUS Road	4.3 STREET ADDRESS	
CITY- ST- ZIP	Pembroke Pines, FL	4.4 CITY- ST- ZIP	
TITLE	D/P	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miller, Leonard	5.2 NAME	
STREET ADDRESS	1000 N. HIATUS Rd.	5.3 STREET ADDRESS	
CITY- ST- ZIP	Pembroke Pines, FL	5.4 CITY- ST- ZIP	
TITLE	D/V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cott, Corinne	6.2 NAME	
STREET ADDRESS	1000 N. HIATUS Rd	6.3 STREET ADDRESS	
CITY- ST- ZIP	Pembroke Pines, FL	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 Lawrence J. Cott LAWRENCE J. COTT 4/27/95 305-475-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deline Figure