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Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L78998 (6)

1. Corporation Name
THE PRUDENTIAL GROUP, INC.

Principal Place of Business
% ROBERT NEW
19593-H NE 10TH AVE., SUITE H
NORTH MIAMI BEACH FL 33179

Mailing Address
% ROBERT NEW
19593-H NE 10TH AVE., SUITE H
NORTH MIAMI BEACH FL 33179



3. Date Incorporated or Qualified 06/11/1990
3a. Date of Last Report 05/01/1996

| | | | |
|--------------------------------|-------------------------------|---|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 11414 North Bayshore Drive | 26 11414 North Bayshore Drive | 65-0195311 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| 22 | 27 | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | City & State | | |
| 23 North Miami FL | 28 North Miami FL | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Zip | | |
| 24 33181 | 29 33181 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | |
| Country | Country | | |
| 25 USA | 30 USA | | |

9. Name and Address of Current Registered Agent

NEW, ROBERT
19593 H NE 10TH AVE
N MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

| | |
|---|----------------------------|
| 81 Name | New, Robert |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 11414 North Bayshore Drive |
| 83 | |
| 84 City | North Miami |
| 85 Zip Code | FL 33181 |

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 typed or printed name of registered agent and filed applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|----------------------------|
| TITLE | DPST | 1.1 TITLE | DPST |
| NAME | NEW, ROBERT | 1.2 NAME | New, Robert |
| STREET ADDRESS | 19593 H NE 10TH AVE | 1.3 STREET ADDRESS | 11414 North Bayshore Drive |
| CITY - ST - ZIP | N MIAMI BEACH FL 33179 | 1.4 CITY - ST - ZIP | North Miami FL 33181 |
| TITLE | | 2.1 TITLE | |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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 in attachment with an address.

SIGNATURE:

Robert New

Robert New

1/10/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)