FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M35138 1. Corporation Name

PRENDES AND PRENDES, INC.

Principal Place of Business Mailing Address						- I iddidei(ill (illét étée) timpé tités tell miét diét étén étén eten elen elen elen elen elen elen ele	
% RAMON M. PRENDES 4320 W BROWARD BLVD #5 PLANTATION FL 33317			% RAMON M. PRENDES 883 NORTH FIG TREE LANE PLANTATION FL 33317				DO NOT WRITE IN THIS SPACE
US							3. Date Incorporated or Qualifed 07/13/1986
2. Principal Place of Business 2a. Mailing A			Mailing Address	g Address			4. FEI Number Applied For
21			26				59-2699414 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired
City & State			City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country 25		Zip Cour 29 30			<u> </u>	8. This corporation owes the current year Intangible Personal Property Tax. Yes □No
24	9. Name and Address of Current						10. Name and Address of New Registered Agent
	J. Teamle and Addition of Carrotte	rtogic		81	T	Name	
PRENDES, RAMON M.					١.	Chro -4 Addres	ss (P.O. Box Number is Not Acceptable)
883	NORTH FIG TREE LANE	82		Street Addres	ss (P.O. Box Number is Not Acceptable)		
· PLAN	NTATION FL 33317			83			
				84	•	City	FL 85 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AN	D DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	DP		☐ DELETE	1.1 TITLE			Unange Change
NAME	PRENDES, RAMON M.		1.2 NAME		200500		
STREET ADDRESS 833 NORTH FIG TREE LANE CITY-ST-ZIP PLANTATION FL			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				
CITY-ST-ZIP	D D		DELETE	2.1 TITLE	51-Z	<u> </u>	☐ Change ☐ Addition
TITLE	PRENDES, PETER J.		- DELETE	2.2 NAME			3 0
NAME	883 N. FIG TREE LN			2.3 STREE	TAF	NOBERR	}
STREET ADDRESS	PLANTATION FL			2.3 STREE			and the second s
CITY-ST-ZIP 7	TOUTATION 1		☐ DELETE	3.1 TITLE	J1-2	<u> </u>	☐ Change ☐ Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREE	TAL	DORESS	
CITY-ST-ZIP				3.4. CITY-5	ST-7	ZiP	
TITLE			☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME				4. 2 NAME			·
STREET ADDRESS				4.3 STREE	TAI	DORESS	
CITY-ST-ZIP				4.4 CITY-S	5T- Z	<u>zip</u>	
TITLE			☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREE	T AI	DDRESS	
CITY-ST-ZIP				5.4 CITY-S	97- Z	ZIP	
TITLE			☐ DELETE	6.1 TITLE			Change Addition
11444	<u> </u>			62 NAME		- 1	

14. I 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 an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

RAMON M. TRENDES

FILED Apr 07, 1999 8:00 am Secretary of State

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