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
95 MAY -1 AM 4:42
SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # **M83075** (5)

1. Corporate Name
PRUDENCIA INVESTMENTS INC.

Principal Place of Business	Mailing Address
1785 NW 79TH AVE. 5731 S.W. 13TH STREET MIAMI FL 33126-1112 US	1785 NW 79TH AVE. 5731 S.W. 13TH STREET MIAMI FL 33126-1112 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/23/1988
3a. Date of Last Report: 06/17/1994

2. Principal Place of Business	2a. Mailing Address
21 1785 N.W. 79th Avenue	26 1785 N.W. 79th Avenue
Suite, Apt. # etc. 22	Suite, Apt. # etc. 27
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip 24 33126 / County 25 Dade	Zip 29 33126 / County 30 Dade

4. FEI Number: 65-0053154 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ALVAREZ, MANUEL
1785 NW 79TH AVE.
MIAMI FL 33126

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. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	TITLE	☒ Change ☐ Addition
NAME	ALVAREZ, MANUEL	NAME	
STREET ADDRESS	5731 S.W. 13TH ST.	STREET ADDRESS	8525 S.W. 54th Court
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	SD	TITLE	☐ Change ☐ Addition
NAME	ALVAREZ, BARVARA	NAME	
STREET ADDRESS	13950 S.W. 16TH TERR.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	VPD	TITLE	☐ Change ☐ Addition
NAME	ALVARE, MANUEL S	NAME	
STREET ADDRESS	13950 SW 16TH TERR.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. [illegible]

SIGNATURE: Manuel Alvarez 05/01/95 (305) 477-2326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0124449 CP

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

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FILED
57
FLORIDA

DOCUMENT # **M83205** **(8)**

1. Corporation Name
KLAJ CORPORATION

Principal Place of Business	Mailing Address
% KEN L. JOHNSON 1420 NE 10TH ST. HOMESTEAD FL 33033	% KEN L. JOHNSON 1420 NE 10TH ST. HOMESTEAD FL 33033

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/31/1988**
3a. Date of Last Report: **04/05/1994**
4. FEI Number: **65-0069756** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
24 Zip
25 Country

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
29 Zip
30 Country

9. Name and Address of Current Registered Agent

JOHNSON, KEN L.
1420 NE 10TH ST.
HOMESTEAD FL 33033

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 Sections 607.0502 and 617.0502, 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

12. OFFICERS AND DIRECTORS	
TITLE	**PD**
NAME	**JOHNSON, ANNELIESE**
STREET ADDRESS	**1420 NE 10TH ST.**
CITY-ST-ZIP	**HOMESTEAD FL**
TITLE	**STD**
NAME	**JOHNSON, KEN L.**
STREET ADDRESS	**1420 NE 10TH ST.**
CITY-ST-ZIP	**HOMESTEAD FL**
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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.

SIGNATURE: 4/28/95 245-1505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KEN L. JOHNSON / SECY/TREAS

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
AND
FILED

DO NOT WRITE IN THIS SPACE

DOCUMENT # M84429 (3)

1. Corporate Name
977 NW 19TH AVENUE CORPORATION

Principal Place of Business
% HOWARD SKLAR
81 SEMIMOLA BLVD
CASSELBERRY FL 32707

Mailing Address
% HOWARD SKLAR
81 SEMIMOLA BLVD
CASSELBERRY FL 32707

3. Date Incorporated or Qualified: 06/03/1988
3a. Date of Last Report: 04/20/1994

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

4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

SKLAR, HOWARD
81 SEMIMOLA BLVD
CASSELBERRY FL 32707

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 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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SKLAR, HOWARD
STREET ADDRESS	81 SEMINOLA BLVD
CITY-ST-ZIP	CASSELBERRY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 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)(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.

SIGNATURE: Howard Sklar HOWARD SKLAR 5-1-95 (407) 696-2781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #