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FILED  
Apr 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000037366 (0)

1. Corporation Name

PASADENA BUILDERS CORP.



Principal Place of Business

4302 S.W. 107 WAY  
DAVIE FL 33328  
US

Mailing Address

~~P.O. BOX 8789~~  
PEMBROKE PINES FL 33084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1993

4. FEI Number

65-0414207

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 P.O. Box 290010

27 City & State

28 DAVIE, FL

29 33329

30 Country

9. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES INC.  
COURTHOUSE CENTER, STE 2000  
175 NW FIRST AVE  
MIAMI FL 33128

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	BERGER, ADOLPH J	
STREET ADDRESS	1000 N HIATUS RD	
CITY-ST-ZIP	PEMBROKE PINES FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BERGER, HELENE	
STREET ADDRESS	1000 N HIATUS RD	
CITY-ST-ZIP	PEMBROKE PINES FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MILLER, ROBERT B	
STREET ADDRESS	1000 N HIATUS RD	
CITY-ST-ZIP	PEMBROKE PINES FL	

TITLE	VDT	<input type="checkbox"/> DELETE
NAME	COTT, LAWRENCE J	
STREET ADDRESS	1000 N HIATUS RD	
CITY-ST-ZIP	PEMBROKE PINES FL	

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MILLER, LEONEARD	
STREET ADDRESS	1000 N HIATUS RD	
CITY-ST-ZIP	PEMBROKE PINES FL	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	COTT, CORINNE	
STREET ADDRESS	1000 N HIATUS RD	
CITY-ST-ZIP	PEMBROKE PINES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

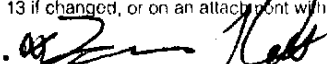
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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(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:  LAWRENCE J. COTT V.P. 4/16/98 954-475-8600

CF2E034 (10/97)