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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 11:45

DOCUMENT # P94000086450 (1)

1. Corporation Name
PRESIDENTIAL CONTINENTAL GARDENS CORP.

Principal Place of Business	Mailing Address
3250 MARY STREET SUITE 303 MIAMI FL 33133	3250 MARY STREET SUITE 303 MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/21/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21 7941 S. W. 104 Street
Suite, Apt. #, etc.: 22
City & State: 23 Miami, FL
Zip: 24 33156 Country: 25

2a. Mailing Address
26 180 South Broadway
Suite, Apt. #, etc.: 27
City & State: 28 White Plains, NY
Zip: 29 10605 Country: 30

4. FEI Number: 13-3796891 ☐ 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

9. Name and Address of Current Registered Agent

MALE, MICHAEL H
3250 MARY STREET
SUITE 303
MIAMI FL 33133

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President, Secretary & Director	11 TITLE	☐ Change ☐ Addition
NAME	Jeffrey F. Joseph	12 NAME	
STREET ADDRESS	180 South Broadway	13 STREET ADDRESS	
CITY-ST-ZIP	White Plains, NY 10605	14 CITY-ST-ZIP	
TITLE	Vice President & Asst. Secretary	21 TITLE	☐ Change ☐ Addition
NAME	Steven Baruch	22 NAME	
STREET ADDRESS	180 South Broadway	23 STREET ADDRESS	
CITY-ST-ZIP	White Plains, NY 10605	24 CITY-ST-ZIP	
TITLE	Treasurer	31 TITLE	☐ Change ☐ Addition
NAME	Elizabeth Delgado	32 NAME	
STREET ADDRESS	180 South Broadway	33 STREET ADDRESS	
CITY-ST-ZIP	White Plains, NY 10605	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Jeffrey F. Joseph (914) 948-1300
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0134000 CP