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

Mailing Address

180 SOUTH BROADWAY

WHITE PLAINS NY 10805-1820

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business

7941 SW 104 STREET

MIAMI FL 33156

NAME

STREET ADDRESS

SIGNATURE: X

CHTY-ST-7/6



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000086450 (1)**

PRESIDENTIAL CONTINENTAL GARDENS CORP.

Date Incorporated or Qualified 11/21/1994 3a. Date of Last Report 02/13/1996 2. Principal Place of Business: 2a. Mailing Address 4. FEI Number Applied For 13-3796891 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 210 Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 24 25 Florida Statutes Yes No 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MALE, MICHAEL H 81 Name 3250 MARY STREET 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 303 MIAMI FL 33133** 83 84 City 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 per tent rame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (96/6)12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change ___ Addition THEF 1.1 TITLE Joseph, Jeffrey F. NAME 1.2 NAME 180 SOUTH BROADWAY STREET ADDRESS 1.3 STREET ADDRESS WHITE PLAINS NY 1.4 CITY - ST - ZIP CITY-ST-7iP **VPAS** DELETE Change Addition TITLE 21 TITLE BARUCH, STEVEN NAME 22 NAME 180 SOUTH BROADWAY STREET ADDRESS 2.3 STREET ADDRESS WHITE PLAINS NY CITY-\$1-7(P) 2 4 CITY-ST-ZIP □ DELETE ☐ Change Addition HILE 3.1 TITLE DELGADO, ELIZABETH NAME 3.2 NAME **180 SOUTH BROADWAY** STREET ADDRESS 3 3 STREET ADDRESS WHITE PLAINS NY CHY-ST-ZE 3.4. CITY - ST - ZIP DELETE. THEFE 4.1 TITLE Change Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - 76 DELETE 51 TITLE Change Addition 1014 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP 0!TY-S1-7 ft DELETE Addition TITLE 61 TITLE Change

62 NAME

Jeffrev F.

6.3 STREET ADDRESS

Joseph

Transa Leaerman VP-Loverroller

2/3/97

0006524

1100-188-21D

Daytime Phone (

64 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

FILED Feb 06 1997 8:00am Secretary of State

