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 # P9400086450

1. Corporation Name

PRESIDENTIAL CONTINENTAL GARDENS CORP.

Principal Place	of Rusiness	Mailing Address						-
7941 SW 104 S			OUTH BROADWAY					
MIAMI FL 33156			PLAINS NY 10605					
US		US					DO NOT WRITE IN THIS SPACE	
								3. Date Incorporated or Qualifed
A A City A Library								11/21/1994 4. FEI Number Applied For
	ace of Business	}	2a. Mailing Address					13-3796891 Not Applicable
21	#	26	uite, Apt. #, etc.					\$8.75 Additional
Suite, Apt. #, etc.		\vdash	27 Suite, Apr. #, etc.					5. Certificate of Status Desired Fee Required
City & State			City & State					6. Election Campaign Financing \$5.00 May Be
23		- —	28					Trust Fund Contribution Added to Fees
Zip	Country	Zi	ip	Cou	intry			8. This corporation owes the current year Intangible
24	25	29	•	30	,			Personal Property Tax. Yes No
24	9. Name and Address of Currer	1	ed Agent	100)				10. Name and Address of New Registered Agent
					81	Name		
Male, Michael H						Chront	Addra	nes (D.O. Boy Number is Not Accentable)
3250 MARY STREET				82 Street Address (P.O. Box Number is Not Acceptable)			ess (P.O. Box Number is Not Acceptable)	
SUIT	E 303							
MIAN	AI FL 33133				<u></u>			osi 7in Codo
					84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.	.1508, Florida Statu	tes, the a	bove	-named	corpor	pration submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida.	Such change was a	authorized	d by	the corp	oration	n's board of directors. I hereby accept the appointment as registered
	m familiar with, and accept the conga	RIONS OF OR	300001 007.0000, 1 10	onda Olai		•		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if ap	opticable. (NOT	E: Registered	Agen	it signature	required v	when reinstating) DATE
12.	OFFICERS AN	ID DIRECT	ORS	13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD		☐ DELETE	1.1 Ti	TLE			☐ Change ☐ Addition
NAME	Joseph, Jeffrey F.			1.2 N	AME			
STREET ADDRESS	180 SOUTH BROADWAY			1.3 S	TREET	ADDRESS	;	
CITY-ST-ZIP	WHITE PLAINS NY			1.4 CI	TY-\$	T-ZIP		
TITLE	VPAS		☐ DELETE	2.1 TI	TLE			☐ Change ☐ Additio
NAME	BARUCH, STEVEN			2.2 N	AME			
STREET ADDRESS	180 SOUTH BROADWAY			2.3 \$	TREET	ADDRESS	;	
CITY-ST-ZIP	WHITE PLAINS NY			2.40	ITY-\$	T-ZIP		
TITLE	T		☐ DELETE	3.1 11	TLE	_		Change Addition
NAME	DELGADO, ELIZABETH			3.2 N	AME		İ	
STREET ADDRESS	180 SOUTH BROADWAY			3.3 8	TREET	FADDRESS	;	
CITY-ST-ZIP	WHITE PLAINS NY			3.4. 0	ITY-S	T-ZIP		
TITLE			☐ DELETE	4.1 Ti	TLE			☐ Change ☐ Additio
NAME				4.21	AME			
STREET ADDRESS				4.3 S	TREET	TADDRESS	3	
CITY+ST-ZIP				4.4 C	TY-S	T- Ž IP	<u> </u>	
TITLE	1		☐ DELETE	5.1 TI	TLE			☐ Change ☐ Additio
NAME				5.2 N	AME			
STREET ADDRESS				5.3 S	TREET	FADDRESS	3	
CITY-ST-ZIP					ITY-\$	T-ZIP		
TITLE			☐ DELETE	6.1 TI				☐ Change ☐ Additio
NAME				6.2 N				
STREET ADDRESS				6.3 S	TREET	FADDRESS	3	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

3/25/99 (914) 948-1300

FILED

Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90002 006 ***150.00