

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000086001 (1)

1. Corporation Name

PRUDENTIAL INTERNATIONAL INC.



Principal Place of Business

Mailing Address

12052 N.W. 11 STREET
PEMBROKE PINES FL 33026

12052 N.W. 11 STREET
PEMBROKE PINES FL 33026

3. Date Incorporated or Qualified

11/08/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 12052 N.W. 11 ST.

26 P.O. Box 821405

4. FCI Number

65-0640352

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 PEMBROKE PINES

27 SOUTH FLORIDA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 FLORIDA

28 FLORIDA

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33026

25 U.S.A.

29 33082-1405

30 U.S.A.

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, DONALD
12052 N.W. 11 STREET
PEMBROKE PINES FL 33026

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 firm, if applicable

(NOTE: Registered Agent signature required when testating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME SMITH, DONALD
STREET ADDRESS 12052 N.W. 11 STREET
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DIRECTOR ☐ Change ☒ Addition
12 NAME JODI SMITH
13 STREET ADDRESS P.O. BOX 821405 N/A
14 CITY-ST-ZIP S. FLA; FLORIDA 33082-1405.

21 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS

24 CITY-ST-ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS

34 CITY-ST-ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS

44 CITY-ST-ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS

54 CITY-ST-ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD M. SMITH

4-24-96.

Date

Daytime Phone #

CR2E034 (12/95)