

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
JANICE M. MANN  
GOVERNOR  
TALLAHASSEE, FLORIDA 32304

**APPROVED  
AND  
FILED**

**01 MAY - 1 11:06**

**DOCUMENT # S71261**

**(9)**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

1. Corporation Name

**PUDER INVESTMENTS, INC.**

Principal Office Address  
**7200 W. CAMINO REAL  
STE. 104  
BOCA RATON FL 33433  
US**

Mail Stop Address  
**7200 W CAMINO REAL  
STE. 104  
BOCA RATON FL 33433  
US**

3. Date of Incorporation  
**08/02/1991**

3a. Date of Last Report  
**04/26/1994**

2. Authorized Officer (Name)

21

2a. Mailing Address

26

4. Identification

**65-0375671**

Applied Fee

Not Applicable

22. Number of Shares

27. Number of Shares

5. Certificate of Incorporation

**\$8.75 Additional  
Fee Required**

23. Number of Shares

28. Number of Shares

6. Election Certificate

**\$5.00 May Be  
Added to Fees**

24. Number of Shares

29. Number of Shares

8. This corporation has liability for the payment of taxes under the laws of the State of Florida.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**PUDER, MICHAEL  
7200 W CAMINO RD  
STE. 104  
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent

81. Name

82. Direct Address

83. City

84. State

**FL**

85. Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the original of the above-captioned document as the same appears on the records of the Department of State, and that the same has been filed for the record in the office of the Secretary of State.

**SIGNATURE**

12. Name

**D  
PUDER, MICHAEL  
7200 W CAMINO REAL, SUITE 104  
BOCA RATON FL  
PST  
PUDER, MICHAEL  
7200 W CAMINO REAL, SUITE 104  
BOCA RATON FL**

13. Name

**PUDER, MICHAEL  
7200 W CAMINO REAL, SUITE 104  
BOCA RATON FL  
PST  
PUDER, MICHAEL  
7200 W CAMINO REAL, SUITE 104  
BOCA RATON FL**

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the original of the above-captioned document as the same appears on the records of the Department of State, and that the same has been filed for the record in the office of the Secretary of State.

**SIGNATURE:**

*[Signature]*  
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNER OF FILED OR DIRECTOR

*4/24/95 902382-411*