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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S71261

(9)

PUDER INVESTMENTS, INC.

Principal Place of Business Mailing Address						U HERMANIA REU MARKA ANNON MONDE ANNON MONDE REURE BERNE BERNE BERNE ANNON ANNON MONDE.				
7200 W. CAMIN	7200 W CAMINO REAL	Y CAMINO REAL			i					
STE 104	P1 00400	STE. 104	2211			•				
BOCA RATON US	FL 33433	US	BOCA RATON FL 33433-5511			3. Date Incorporated or Qualified	3a. Da	te of Last F	Report	
00						08/02/1991		19/1996		
2. Principal FI	ace of Business	2a. Mailing Address				4. FEI Number	. 1		pplied For	
21		26				65-0375671		N	ot Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional	
22		27				B. Continuation of Status Desires			equired	
City & State		City & State				6. Election Campaign Financing	r1		May Be	
3		28	T 0			Trust Fund Contribution			to Fees	
	Zip Country Zip			intry	•	6, This corporation has liability for		tax under s ] No	s. 199.032,	
24	25   g Name and Address of C	29	30			Florida Statutes L  10. Name and Address of New Re				
D: ID		When registered Agent		81	Name	10. Harre and House of the fitte	9.010.00	· Barre		
	NER, MICHAEL									
	D W CAMINO RD			82	Street Ad	ldress (P.O. Box Number is Not Acceptal	ole)			
	. 104 NA DATON EL 22422			83	<u> </u>					
800	CA RATON FL 33433									
				84	City		FL	<b>85</b> Zip	Code	
44 Purcuant I	to the provisions of Sections 60	1205-92 and 607 1508 Florida Stat	utes the a	how	e-named co	progration submits this statement for the		changing i	its registered	
office or re	egistered agent, of both, in the	State of Florida. Such change wa	s authorize	d by	the corpo	orporation submits this statement for the ration's board of directors. I hereby acce	pt the app	ointment as	s registered	
agent. i a	m familiar with about account the						1-19	7		
SIGNATURE	Signature, typed or printed name of registr		1 (chae		PUAR ent signature re-	quired when reinstating)	DATE			
12.		RS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTO	R\$ IN 12	
TUILE	D	DELETE	1.1 Ti	TLE				Change	Addition	
NAME	PUDER, MICHAEL		1.2 N	AME						
STREET ADDRESS	7200 W CAMINO REAL,	SUITE 104	1.3 \$	TREET	ADDRESS					
CITY-ST-ZIP	BOCA RATON FL		14.0	ITY-5	ST-ZIP					
TITLE	PST	DELETE	2.1 TI	TLE				Change	Addition	
NAME	PUDER, MICHAEL		2.2 N	AME						
STREET ADDRESS	7200 W CAMINO REAL,	SUITE 104	2.3 \$	TREET	ADDRESS					
CITY-ST-ZIP	BOCA RATON FL		2.40	HTY-	ST-ZIP					
TOLE		DELETE	3.1 TI	TLE				Change	Addition	
NAME			3.2 N	AME						
STREET ADDRESS			3.3 S	TREET	T ADDRESS					
City-St-7IP			3.4. (	YTY-	ST-ZIP					
TITLE		DELETE	4.1 Ti	TLE				Change	Addition	
NAME			4.21	iame	"	•				
STREET ADDRESS			4.3 S	TREE	T ADDRESS					
CHY-ST-ZIP			4.4 C	ITY-	ST-ZIP					
TITLE		☐ DELETE	5.1 T	ITLE			•	Change	Addition	
NAME.			5.2 N	AME						
STREET ADDRESS			5.3 S	TREE	T ADDRESS					
CHY-ST-ZIP			5.4 C	ITY-	ST-ZIP			<del></del>		
TITLE	7777	DELETE	6.1 T	ITLE				Change	Addition	
NAME.			6.2 N	AME						
STREET ADDRESS			6.3 S	TREE	T ADDRESS					
CITY-S1-ZIP			6.40	YTY-	ST-ZIP					
14. I do herel	by certify that the information s	upplied with this filing does not quort or supplier report i	atify for the s true and	ACC	emption sta urate and t	ited in Section 119.07(3)(i), Florida Statut hat my signature shall have the same leg	es. I furthe al effect a:	r certify tha s if made u	at the Inder oath; that	
l am an o	officer or director of the corpora	ition of the receiver or trustee emp	owered to	exe	cute this re	hat my signature shall have the same leg port as required by Chapter 607, Florida	Statutes; a	nd that my	name	
appears i	in Block 12 or Block 13 if chan	ged or on an attachment with an a	address.							

SIGNATURE:

FICER OR DIRECTOR Date Date Devine Proper

**FILED** 

Apr 21 1997 8:00am

Secretary of State