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

Mailing Address

C/O YAFFA DERMER

2525 FLAMINGO PLACE

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

C/O YAFFA DERMER



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V52999**

PRUDENCE INVESTMENTS, INC.

2525 FLAMINGO PLACE DO NOT WRITE IN THIS SPACE MIAMI BEACH FL 33140-4318 MIAMI BEACH FL 33140-4318 3. Date incorporated or Qualifed 07/22/1992 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Not Applicable 65-0351307 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. \Box 5. Certifcate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Zip 8. This corporation owes the current year Intangible Zip □ No Personal Property Tax. 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent DERMER, YAFFA Street Address (P.O. Box Number is Not Acceptable) 2525 FLAMINGO PLACE MIAMI BEACH FL 33140 83 85 Zip Code 84 City 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 title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. OFFICERS AND DIRECTORS ☐ Addition Change DELETE 11 TITLE TITLE DERMER, YAFFA 1.2 NAME NAME 2525 FLAMINGO PL 1.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33140-4318 1.4 CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition □ DELETE 2.1 TITLE TITLE 2.2 NAME ROSENTHAL. PRUDENCE NAME 2105 DEVONSHIRE RD. 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP ANN ARBOR MI CITY-ST-ZIP Addition ☐ Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP

SIGNATURE:

Block 12 or Block 13 if change

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP 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

Change

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90004 050 ***150.00

CR2E034 (11/98)

Addition