FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 10:05

DOCUMENT # V66315 (5)

1. Corporation Name
PARDREN INTERNATIONAL INC.

Principal Place of Business
870 WINDEMERE WAY
PALM BEACH GARDENS FL 33148

Mailing Address
870 WINDEMERE WAY
PALM BEACH GARDENS FL 33148

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/21/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 870 Windemere Way
Suite, Apt. #, etc. 22
City & State 23 Palm Beach Gardens, FL
Zip 24 33418 Country 25 USA

2a. Mailing Address
26 P.O. Box 32932
Suite, Apt. #, etc. 27
City & State 28 Palm Bch Gardens, FL.
Zip 29 33420 Country 30 USA

4. FEI Number: 65-0464048 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

HESTON, FRANK J ESQ
9900 W SAMPLE RD
#400
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	Director	☒ Change ☐ Addition
NAME	PARDO, OSVALDO A JR	1.2 NAME		
STREET ADDRESS	~~870 WINDEMERE WAY~~ 1251 Sinyon dr.	1.3 STREET ADDRESS	7	
CITY-ST-ZIP	~~PALM BCH GRDNS FL~~ Riviera Bch, FL.	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	PARDO, SYLVIA	2.2 NAME		
STREET ADDRESS	6450 COLLINS AVE #1402	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	PARDO, ROSE MARY	3.2 NAME		
STREET ADDRESS	3736 S.W. 107TH COURT	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	PARDO, DAWN S	4.2 NAME		
STREET ADDRESS	~~870 WINDEMERE WAY~~ 1251 Sinyon dr.	4.3 STREET ADDRESS		
CITY-ST-ZIP	~~PALM BCH GRDNS FL~~ Riviera Bch, FL.	4.4 CITY-ST-ZIP		
TITLE	Chairman President	5.1 TITLE		☐ Change ☒ Addition
NAME	Mary R. Walker	5.2 NAME	7	
STREET ADDRESS	870 Windermere Way	5.3 STREET ADDRESS		
CITY-ST-ZIP	Palm Bch Gardens, FL. 33418	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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.

SIGNATURE: Dawn A. Pardo Dawn S. Pardo, Director 2.3.95 407.848.6853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0293053 CP