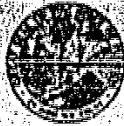


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
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

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

2. Principal Place of Business

21 870 Windemere Way
Suite, Apt. #, etc.

2a. Mailing Address

25 P.O. Box 32932
Suite, Apt. #, etc.

City & State

23 Palm Beach Gardens, FL

City & State

27 Palm Beach Gardens, FL

Zip

24 33418

Country

25 USA

Zip

29 33426

Country

30 USA

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME PARDO, OSVALDO A JR
STREET ADDRESS 870 WINDEMERE WAY
CITY-ST-ZIP PALM BEACH GARDENS FL 33148

1.1 TITLE Director
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME PARDO, SYLVIA
STREET ADDRESS 6450 COLLINS AVE #1402
CITY-ST-ZIP MIAMI BEACH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME PARDO, ROSE MARY
STREET ADDRESS 3736 S.W. 107TH COURT
CITY-ST-ZIP MIAMI FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME PARDO, DAWN S
STREET ADDRESS 870 WINDEMERE WAY
CITY-ST-ZIP PALM BEACH GARDENS FL 33148

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE Chairman President
NAME Mary R. Walker
STREET ADDRESS 870 Windemere Way
CITY-ST-ZIP Palm Beach Gardens, FL 33418

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 190.07(3)(b), 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dawn S. Pardo, Director 2.3.95 407-848-6853

(Signature and typed or printed name of signing officer or director)

(Date)

(Signature of Secretary)