

**CORPORATION  
ANNUAL REPORT  
1999**

Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
May 13, 1999 8:00 am  
Secretary of State**

05-13-1999 90002 014 \*\*\*150.00

**DOCUMENT #** K19856 ✓

1. Corporation Name

Patio & Things, Inc.

Principal Place of Business	Mailing Address
2419 Le Jeune Rd. Coral Gables, FL 33134	2419 Le Jeune Rd. Coral Gables, FL 33134

DO NOT WRITE IN THIS SPACE

21 Principal Place of Business	2a. Mailing Address
22 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
23 City & State	27 City & State
24 Zip	28 Zip
25 Country	29 Country
30	

3. Date Incorporated or Qualified	4. FEI Number	Applied For
04/01/88	65-0039004	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 owes the current year Intangible Personal Property Tax.	Yes	<input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

Garcia, Celia R.  
9411 S.W. 55th St.  
Miami, FL 33165

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
9340 S.W. 54th St.	
83	
84 City	85 Zip Code
Miami	FL 33165

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D/P	<input type="checkbox"/> DELETE
NAME	Santamarina, Maria	
STREET ADDRESS	9411 S.W. 55th St.	
CITY - ST - ZIP	Miami, FL 33165	
TITLE	D/S/T	<input type="checkbox"/> DELETE
NAME	Garcia, Celia	
STREET ADDRESS	9340 S.W. 54th St.	
CITY - ST - ZIP	Miami, FL 33165	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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, 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, with all other like empowered.

**SIGNATURE:** *Maria Santamarina* Maria Santamarina 4-21-99 (305) 446-6163  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)