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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000050872 (6)

CHEF PATACON CORP.

Principal Place of Business	Mailing Address	_
13720 SW 88 STREET MIAMI FL 33186	13720 SW 88 STREET MIAM! FL 33186	

## **FILED** May 01 1998 8:00am Secretary of State



Principal Plac	e or Business	Mailing Add	ross			***************************************			
13720 SW 88 STREET 13720 SW 88 STREET									
MIAMI FL 3311	86	MIAMI FL 33186			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified		PACE	
						I			
2. Principal P	lace of Business	2a. Mailing A	Address			<b>06/14/1996</b> 4. FEI Number	<del></del>	T 12	aniad Car
21	26						Applied For Not Applicable		
Suite, Apt.	#. etc.		Suite, Apt. #, etc.			65-0674590		<del>+</del>	Additional
22		27	— · · ·			5. Certificate of Status Desired			equired
City & State	9		City & State			S. Election Compaign Financian			·
23		28	<u> </u>			Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	1			8. This corporation owes or has p			
24	25	29	30	•		Personal Property Tax due Jur			nangible ☐ No
<del></del>	9. Name and Address of Co			<u> </u>		10. Name and Address of New F			
SAN	NCHEZ, LIBIA			81	Name				
	20 SW 88 STREET								
	20 517 66 STREET MI FL 33186			82	Street Ac	ddress (P.O. Box Number is Not Accepta	able)		
MIA	MI LF 22100			83					
				84	City		FI	<b>85</b> Zip	Code
11 Purcuent	to the provinces of Costines CO	7.0502 and 607 1500 F	Torido Ctatutos th			orporation submits this statement for the	<u> </u>	<u> </u>	
onice or n	egisterea agent, or both, in the t	state of Fiorida. Such c	nange was aumor	izea by	/ the corpo	orporation submits this statement for the ration's board of directors. I hereby acc	purpose of ept the appo	cnanging i sintment as	ts registered reaistered
agent. I a	m familiar with, and accept the o	obligations of, Section 6	307.05 <b>05</b> , Florida \$	Statutes	ŝ	•	,		
SIGNATURE	Signature, typed or printed name of registers	·							
12.		60 agont and the if applicable  S AND DIRECTORS		tered Age	ent signature ro	quired when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIDECTÓS	20.40
TITLE	PSTD			1 TITLE	-··T	ADDITIONS/CHANGES TO UFF		Change	Addition
NAME	SANCHEZ, LIBIA	L		2 NAME					L.J AUGIIION
STREET ADDRESS	18181 NW 62 COURT				Inneres				
	MIAMI FL 33015				ADDRESS				
CITY-ST-ZIP TITLE	VP		1	.4 CITY - S .1 TITLE	I - ZIP			Change	1 2443
NAME	SANCHEZ, LUIS F	L					i	Change	Addition
	18181 NW 62ND CT			2 NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE	MIAMI FL			4 CITY-5	ST-ZIP			10	- <del></del>
ľ		<u> </u>		1 TITLE			ļ	i Change	☐ Addition
NAME STOTET ASSESSOR				2 NAME					1
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				4. CITY - S	ST- ZIP			-1 a	
TITLE		L		1 TITLE			l	Change	Addition
NAME			i i	2 NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			22/22	4 CITY - S'	T-ZIP				
TITLE		L	DELETE 5.	1 TITLE	Ì		ļ	Change	Addition
NAME			5.5	2 NAME					
STREET ADDRESS			5.	3 STREET	address				1
CITY-ST-ZIP				4 CITY-ST	7 - ZIP				
TITLE			DELETE 6.	1 TITLE				Change	Addition
NAME			6.3	2 NAME					
STREET ADDRESS			6.3	3 STREET	ADDRESS				
CITY-ST-ZIP				4 C(1Y - S1					

Thereby 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 Block 12 or Block 13 if changed, or on an attachment with an address.