FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **400799** **(3)**

1. Corporation Name

GARPAT CORP.

Principal Place of Business	Mailing Address
300 CAMILO AVE. P. O. BOX 454333 CORAL GABLES FL 33134	300 CAMILO AVE. P. O. BOX 454333 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: **05/09/1972**
3a. Date of Last Report: **02/07/1995**

2. Principal Place of Business	2a. Mailing Address
21 5100 W. FLAGLER ST.	26 5100 W. FLAGLER ST.
22 Suite, Apt. #, etc. 107	27 Suite, Apt. #, etc. 107
23 City & State MIAMI, FL	28 City & State MIAMI, FL
24 Zip 33145 25 Country U.S.A.	29 Zip 33145 30 Country U.S.A.

4. FEI Number: **59-1434755** ☐ 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

HERNANDEZ, JULIO
300 CAMILO AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: RICHARD W. LYONS
82 Street Address (P.O. Box Number is Not Acceptable): 1230 N.W. 7 STREET
83
84 City: MIAMI FL 85 Zip Code: 33125

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: RICHARD W. LYONS (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 2/26/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	PATINO,JOSE		12 NAME		
STREET ADDRESS	1860 SW 22ND ST, #8		13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 332454333		14 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	GARCIA,ABELARDO		22 NAME		
STREET ADDRESS	1860 SW 22ND ST, #8		23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 332454333		24 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	GARCIA, ABELARDO		32 NAME		
STREET ADDRESS	1860 SW 22ND ST, #8		33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 332454333		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 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)(k), 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: PRES Jose Patino 3-1-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)