

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 # 626606 (8)

1. Corporation Name

PADRONE INVESTMENTS, INC.



Principal Place of Business

Mailing Address

**C.O. LEE MILICH, P.A.
11900 BISCAYNE BLVD SUITE #809
NORTH MIAMI FL 33181-2706**

**C.O. LEE MILICH, P.A.
11900 BISCAYNE BLVD SUITE #809
NORTH MIAMI FL 33181-2706**

3. Date Incorporated or Qualified

06/19/1979

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 c/o Sanford N. Reinhard

26 c/o Sanford N. Reinhard

4. FEI Number

59-1938425

Applied For

Not Applicable

22 2875 NE 191st Street, #404

**27 Suite, Apt. #, etc.
2875 NE 191st Street, #404**

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

**23 City & State
N. Miami Beach, Florida**

**28 City & State
N. Miami Beach, Florida**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

**24 Zip
33180**

**25 Country
USA**

**29 Zip
33180**

**30 Country
USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILICH, LEE PA.
11900 BISCAYNE BLVD., #809
NORTH MIAMI FL 33181**

**81 Name
Sanford N. Reinhard, P.A.**

**82 Street Address (P.O. Box Number is Not Acceptable)
2875 NE 191st Street, Suite 404**

**83 City
N. Miami Beach**

84 City

FL

**85 Zip Code
33180**

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

4/22/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE
NAME **GOLDLIST, ISADORE**
STREET ADDRESS **17600 NO. BAY RD. #801**
CITY-ST-ZIP **NO. MIAMI BEACH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **GOLDLIST, C.**
STREET ADDRESS **17600 NO. BAY RD. #805**
CITY-ST-ZIP **NO. MIAMI BEACH FL**

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

TITLE **PD** ☐ DELETE
NAME **GOLDLIST, CHARLES**
STREET ADDRESS **17600 NO. BAY RD. #805**
CITY-ST-ZIP **NO. MIAMI BEACH FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

**900001806149
-05/03/96--01017--007
***200.00**

5.2

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)