

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN -8 AM 10:35

DOCUMENT # H06747 (0)

1. Corporation Name
PATIO KING, INC.

Principal Place of Business Mailing Address
1105 S.E. 9CT HIALEAH FL 33010-5819

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/06/1984** 3a. Date of Last Report **05/24/1994**
4. FEI Number **59-2416399** 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**CHRYSIAN GARCIA
1835 WEST 44PL
SUITE 203
HIALEAH FL 33012**

10. Name and Address of New Registered Agent

81 Name **Chrystian Garcia**
82 Street Address (P.O. Box Number is Not Acceptable) **5850 SW 153 CT.**
83
84 City **Miami** FL 85 Zip Code **33193**

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

12. OFFICERS AND DIRECTORS

TITLE **PO**
NAME **CHRYSIAN GARCIA**
STREET ADDRESS **1105 S.E. 9 CT.**
CITY - ST - ZIP **HIALEAH FL**
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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CITY - ST - ZIP
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NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE ☐ Change ☐ Addition
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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Chrystian Garcia** e.g. - 05/31/95 (305)887-0622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Indicate Page 2)