FILE NOW: FILING FEE A	FTER MAY 1 IS	\$225.00		
PROFIT CORPORATION	FLORIDA DEPARTA Saridra B. I	MENT OF STATE		
ANNUAL REPORT	REPORT Secretary of State			
1996	96 DIVISION OF CORPORATIONS			
DOCUMENT # / / 8 1. Corporation Name	160 64.)		
PAT'S (USA)	Inc.			
Principa: Place of Eusiness	Mailing Address ∠E	2nd Are		
Trincipa: Place of Business 337 NE 2nd Are 337 NE 2nd Are Delvey Beach FL 33444 TO BE 33444		3. Date incorporated or Qualified	3a. Date of Last Report	
Delray Beach	y Beach fi 33 444		3. Date incorporated of Guarines	4.30.95
2. Principal Place of Business	Place of Business 2a. Mailing Address		4. FEI Number	Applied For Not Applicable
21	26		65-0037	\$8.75 Additional
Suite, Apt. #, etc.	37		5. Certificate of Status Desired	Fee Required
City & State	City & State	<u> </u>	Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country 30	Florida Statutes Ye	
24 25 9. Name and Address of Current	2.5		10. Name and Address of New	Registered Agent
	I ama 1	81 Name	- Net Accor	tabla)
: 855 South 1 BOCA Raton		82 Street Addr	ess (P.O. Box Number is Not Accep	(aole)
: 855 South	ED MW/	83		
13 Oca Raton	Fi 33432	84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 office or registered agent, or both in the State of the section of the sec	and 607.1508, Florida Statul	es, the above-named corp	poration submits this statement for the	ne purpose of changing its registered coept the appointment as registered
office or registered agent, or both, in the State of agent, I am familiar with, and accept the obligation	of Florida. Such change was a itions of, Section 607.0505. Flo	orida Statutes.		}
SIGNATURE Signature typed or printed name of registered agen	nt and tire if applicable (NOT	E. Regislered Agent signative requi	red when reinstating)	FFICERS AND DIRECTORS IN 12
12. OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO C	Change Addition
NAME PATEL RAJES	SHWAR . N	1 2 NAME		
STREET ADDRESS 3100 NE 2Nd A	ve.	1.3 STREET ADDRESS		
CITY-ST 21F Delray Reach +	€ 32483	14 CITY - ST - ZIP 2 1 TITLE		Change Addition
NAME PARE DINE.	SHKNABR.OF	2.2 NAME		•
STREET ADDRESS 239 NE 2 2 A		2.3 STHEET ADDRESS		
OITY ST-ZIP De logg Beach	138444	2.4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	J	32 NAME		
STREET ADDRESS		3.3 STREET ADDRESS (3.4 CITY-SI-ZIP		
CITY - ST - ZIP	DELETE	4 1 TIPLE		Change Addition
II*LE NAME		4 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS	المراجعة والمعرار ومعرار ومعرار ومعرا	
CITY-ST AF	L] DELETE	5 1 HTLE		7987∄©l inge ∐Addition 01047016
NAME		5.2 NAME	***200.00	
STREET ADDRESS		5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
CITY-ST-ZIP	[] DELETE	6 1 TITLE		Change Addition
NAMI		6 2 NAME		
STHEET ADDRESS		6.3 STREET ADDRESS		
14. I do hereby certify that the information supplied further certify that the information indicated or further certify that the information indicated or further certify that the large of firer or directly that have no firer or directly that have n	ed with this filing is voluntarily	furnished and does not o	jualify for the exemption stated in Silve and accurate and that my signat	ection 119.07(3)(k). Florida Statutes 1 ure shall have the same legal effect as if
14. I do hereby certify that the information supplied further certify that the information indicated on made under oath; that I am an officer or discount that my name appears in Block 12 or Block 12.	n this annual report or supple for of the corporation or the r	mental annual report is the eceiver or trustee empow ment with an address	ered to execute this report as requi	red by Chapter 607, Florida Statutes; an
	K	W :	0 3.3.96	(us) 276 2356 5G-4-28.96
SIGNATURE:	OR PRINTED NAME OF SIGNING OFFIC	ER OR DILECTOR	Cotevis A Ma	5G-L1-28.96
1,	15,00sch	MIONIC	الماري رادل دسما	