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

PROFIT CORPORÁTION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L79275

PATMAR ENTERPRISES, INC.

Principal Place	e of Business	Mailing	Address	-				Kur eierriesen esen esen :		
% PATRICIO CERVANTES % PATRICIO CERVANTE 4850 S.W. 72ND AVENUE 4850 S.W. 72ND AVENUE MIAMI FL 33155 MIAMI FL 33155			W. 72ND AVENUE				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed 06/07/1990			
2. Principal P	lace of Business	2a. Mai	iling Address				4. FEI Number	Ap	plied For	
21		26					65-0196102	No	t Applicable	
Suite, Apt.	#, etc.	Suit	te, Apt. #, etc.		-		5. Certificate of Status Desired	\$8.75 A		
City & Stat	te	City	& State				6. Election Campaign Financing	¬ \$5.00	May Be	
23		28					Trust Fund Contribution	Added		
Zip	Country	Zip		Count	гу		8. This corporation owes the current	year intangjide		
24	25	29	3	0			Personal Property Tax.	ZŽYes	□No	
1	9. Name and Address of Current	t Registered	d Agent				10. Name and Address of New Regi	istered Agent		
	\$2 2 2 2 4	,		8	1 Nam	e			,	
CER	VANTES, PATRICIO			8	2 0	-4 A -1 -1	on (D.O. Boy Number in Not Acceptable	· · · · · · · · · · · · · · · · · · ·		
	S.W. 72ND AVENUE			*	2 Street	et Addre	ss (P.O. Box Number is Not Acceptable	y Santakanan santah mereb	2 40 40 38	
MIAI	MI FL 33155			8	3					
				. 8	4 City			85 Zip (Code	
ge mermane, c	<u> </u>	9. 1	ere en					<u> </u>		
office or r agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with, and accept the obligation	2 and 607.15 of Florida, Si tions of Sec	uch change was auth tion 607.0505, Florid	horized b la Statute	y the co es.	rporation	ration submits this statement for the pur o's board of directors. I hereby accept th	ne appointment as re	gistered	
SIGNATURE			anhla (NOTE: D	togistared As	ent rianetu	e required	when reinstation)	DATE		
	Signature, typed or printed name of registered agen				jent signatu	e required		DATE ERS AND DIRECTO		
12.	OFFICERS AN			13.	_	e required	ADDITIONS/CHANGES TO OFFIC		DRS IN 12	
12	OFFICERS ANI		RS	13. 1.1 TITLE		e required		ERS AND DIRECTO		
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14. I hereby 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 proof 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 opporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90013 045 ***150.00