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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 FEB -2 PM 1:38

DOCUMENT # N14295 (2)

1. Corporation Name
THE PATRIARCH, INC.

Principal Place of Business	Mailing Address
6660 BISCAYNE BLVD MIAMI FL 33138 US	6660 BISCAYNE BLVD MIAMI FL 33138 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/09/1986
3a. Date of Last Report: 03/03/1994
4. FEI Number: 65-0008668 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
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 1725-27 NW 28th STREET	26 PO BOX 421160
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MIAMI FLORIDA	28 City & State: MIAMI - FLORIDA
24 Zip: 33142 25 Country: U.S.	29 Zip: 33142 30 Country: U.S.

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: ENGELHAJER, FRANCOIS
82 Street Address (P.O. Box Number is Not Acceptable): 1725-27 NW 28th STREET
83
84 City: MIAMI FL 85 Zip Code: 33142

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: ENGELHAJER FRANCOIS VD — 01/26/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	S/T	1.1 TITLE	V	☐ Change ☒ Addition
NAME	ENGELMAJER, MANUELA	ENGELMAJER MANUELA	1.2 NAME	PRIETO JULIO MARIO	
STREET ADDRESS	6660 BISCAYNE BLVD	1725 NW 28th ST	1.3 STREET ADDRESS	350 CENTRAL AVENUE	
CITY-ST-ZIP	MIAMI FL	MIAMI FL 33142	1.4 CITY-ST-ZIP	NEWARK NEW JERSEY 07103	
TITLE	VP	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	BOURDONNAIS, THIERRY	BOURDONNAIS, THIERRY	2.2 NAME		
STREET ADDRESS	CHATEAU DE LA MOTHE	CHATEAU DE LA MOTHE	2.3 STREET ADDRESS		
CITY-ST-ZIP	SAINT CE BERT FR	31330 GRENADE FR	2.4 CITY-ST-ZIP		
TITLE	VPD	V D	3.1 TITLE		☐ Change ☐ Addition
NAME	ENGELMAJER, FRANCOIS	ENGELMAJER FRANÇOIS	3.2 NAME		
STREET ADDRESS	6660 BISCAYNE BLVD	1725 NW 28th ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	MIAMI FL 33142	3.4 CITY-ST-ZIP		
TITLE	V	V	4.1 TITLE		☐ Change ☐ Addition
NAME	LEGROS, RENE	LEGROS, RENE	4.2 NAME		
STREET ADDRESS	DOMAINE OF FALOT	DOMAINE A FALOT	4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH. FR	32380 FRANCE	4.4 CITY-ST-ZIP		
TITLE	VD	V D	5.1 TITLE		☐ Change ☐ Addition
NAME	ARCAS, SALVADOR	ARCAS, SALVADOR	5.2 NAME		
STREET ADDRESS	CL MAESTRO PACAU LIG	CL MAESTRO PALAU 9	5.3 STREET ADDRESS		
CITY-ST-ZIP	VALEUCIEN SP	46100 VALENCIA SP	5.4 CITY-ST-ZIP		
TITLE	ST	P/D	6.1 TITLE		☐ Change ☐ Addition
NAME	ENGELMAJER, LUCIEN J	ENGELMAJER, LUCIEN J	6.2 NAME		
STREET ADDRESS	6660 BISCAYNE BLVD	1725 NW 28 ST	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	MIAMI FL 33142	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 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ENGELMAJER FRANCOIS — 01/26/95 — 305 636 4286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

004187