## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation	MENT # N1429	5 (2)			
THE PA	ATRIARCH, INC.			I IBENIA BU HEN GIBLE NOIS IBIBL	ålis öldir avöli öldir ölös öldir öldir oldir södi
Principal Place of Business Mailing Address				1 10011(0) 091 (1011 91819 11819 1918)	DILL BIBU BIBU BIBU BIBU BIBU BIBU BIBU
A725-27 NW 28TH STREET MIAMI FL 33142 US		PO BOX 421160 Miami Fl 33142 US			
				3. Date Incorporated or Qualified 04/09/1986	3a. Date of Last Report 02/03/1995
2. Principal Pla 21	ace of Business	2a. Mailing Address		4. FEI Number 65-0008668	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				Certificate of Status Desired	\$8.75 Additional
22 27		+			Fee Required
City & State	•	City & State		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip [	Country	8. This corporation has liability for in	
24	25		30	Florida Statutes  10. Name and Address of New Re	Yes No
9. Name and Address of Current Registered Agent  81 Name				( ( ) ( ) ( )	
CHIOTIANA IED EDANIFOCIO				Coloress P.O. Box Number is Not Acceptable	pis
A725-27 NW 28TH STREET			172	5 N. W. 28 STREE	<u> </u>
SUITE 105				The Pathiakeh Tox	
MIAMI F	L 33142		84 City N	13	EI 85 Zip Code
11. Pursuant to the provisions of Sections 617,0502 and 617.1508, 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 appears the objection 617.0503, Florida Statutes.					
SIGNATURE	July Wiff	·····			
12.	Signature, typed or printed name of registered agent OFFICERS ANI		Registered Agent signature red	pulsed when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12
TITLE	ST	DELETE	1.1 TOTLE		Change ☐ Addition
NAME	ENGELMAJER, MANUELA		1.2 NAME		
STREET ADDRESS	1725 NW 28TH ST		1.3 STREET ADDRESS		721- 33142
CITY+ST-ZIP TITLE	MIAMI FL VD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	BOURDONNAIS, THIERRY	Dotter	2.2 NAME		onungo
STREET ADDRESS	CHATEAU DE LA MOTHE		2.3 STREET ADDRESS		
CITY-ST-ZIP	GRENAD FR		2. 4 CITY-ST-ZIP		
TITLE	VD ENOUNA IED EDANGOIG	DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	ENGELMAJER, FRANCOIS 1725 NW 28TH ST		3 2 NAME 3 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		34. City-St-ZiP		2212 33142
TITLE	V	DELETE	41 TITLE	Λ Λ. Τ-	
NAME	LEGROS, RENE		4. 2 NAME	Julie M. Rie 10 ALA D.	, <del>†</del>
STREET ADDRESS	DOMAINE A FALOT		4.3 STREET ADDRESS	Tulis M. Prieto Atres 1928 N.W. 28 Atres Michi, Els. 3314	- I
CITY-ST-ZIP TITLE	32380 FR VD	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	MICHI, 11. 33147	Change Addition
NAME	ARCAS, SALVADOR	La Decerte	5.2 NAME		Till Sumide Till Moduloll
STREET ADDRESS	CL MAESTRO PACAU LIG		5.3 STREET ADDRESS		
CITY-ST-ZIP	46100 VALENCIA SP		5.4 CITY-ST-ZIP		
TITLE	DD COMMON OF THE PROPERTY OF	DELETE	6.1 TITLE	DI AFCTOR, TRUSTEE	☑ Change ☐ Addition
NAME	ENGELMAJER, LUCIEN J 1725 NW 28 ST		6.2 NAME		
STREET ADDRESS . CITY-ST-ZIP	MIAMI FL		6.3 STREET ADDRESS		
		with this filing is voluntarily furgis'	6.4 CITY-ST-ZIP	ify for the exemption stated in Section 119.0	77(3)/k) Florida Statutes I further

Loo nereby certify that the information supplied with this tiling is voluntarily turnished 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 eath; 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, you are made ment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR