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Amended

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Jun 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *N14295*

1. Corporation Name
THE PATRIARCH INC

Principal Place of Business 1725-27 NW 28 ST. MIAMI, FL. 33142 US.	Mailing Address 450 WALKER VALLEY RD PINEBUSH, NY. 12566 US.
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

ARNOLD ROCK FORD, ESQ.
300 SEVILLA AVENUE
SUITE 216
CORAL GABLES, FL. 33134

3. Date Incorporated or Qualified *4/9/1986*

4. FEI Number *65-0008668*

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name **FRANCOIS ENGELMAJER**

82 Street Address (P.O. Box Number is Not Acceptable) **8200 BYRON AVENUE**

83 City **MIAMI BEACH** **FL** 85 Zip Code **33131**

11. Pursuant to the provisions of Sections 617.07 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 accept the responsibilities of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **FRANCOIS ENGELMAJER** *06/02/98*

Signature, typed or printed name of individual agent or trustee if applicable (NOTE: Registered Agent signature must be with translation)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	☐ Change ☒ Addition
P/D	MICHEL COSTIL	1725 NW 28 STREET	MIAMI, FL. 33142	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	☒ Change ☐ Addition
D	CRISTINA LEAL	450 WALKER VALLEY ROAD	PINEBUSH, NY. 12566	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	☐ Change ☒ Addition
D	RENE LEGRAS	1725 NW 28 STREET	MIAMI, FL. 33142	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	☒ Change ☐ Addition
D	MANUELA ENGELMAJER	8200 BYRON AVENUE	MIAMI BEACH, FL. 33131	
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	☒ Change ☐ Addition
D/S/T	MARIO PRIETO	450 WALKER VALLEY ROAD	PINEBUSH, NY 12566	
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	☐ Change ☒ Addition
V	GIRO DEROOVER	450 WALKER VALLEY ROAD	PINEBUSH, NY. 12566	

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 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: *[Signature]* **JULIO M. PRIETO** *June 02, 1998* *914-7335924*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)

ATTACHMENT: OF BLOCK 13 . ADDITIONS/CHANGE TO OFFICERS AND DIRECTORS IN 12

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7.1 TITLE	V	☐ CHANGE ☒ ADDITION
7.2 NAME	SIMON GONZALEZ	
7.3 STREET ADDRESS	8142 BYRON AVENUE	
7.4 CITY-ST. ZIP	MIAMI BEACH, FL. 33131	
8.1 TITLE	V	☐ CHANGE ☒ ADDITION
8.2 NAME	ALAIN GEY	
8.3 STREET ADDRESS	948 RTE 203	
8.4 CITY-ST. ZIP	HOWICK, QC. J0S 1G0 (CANADA)	