

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 PM 12:14

DOCUMENT # N94000002239 (1)

1. Corporation Name

P.A.T.H., INC.

Principal Place of Business

Mailing Address

8105 SW 74 ST
MIAMI FL 33143

8105 SW 74 ST
MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

05/02/1994

4. FEI Number

Applied For

65-0496276

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TSCHIRHART, KATHY
8105 SW 74 ST
MIAMI FL 33143

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

HESS, ROBERT

STREET ADDRESS

19950 SW 280 ST

CITY-ST-ZIP

HOMESTEAD FL 33031

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Change Addition

TITLE

D

NAME

HESS, DEBBIE

STREET ADDRESS

19950 SW 280 ST

CITY-ST-ZIP

HOMESTEAD FL 33031

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Milagros Carnicer
9230 SW 56 St.
Miami, FL 33165

Change Addition

TITLE

D

NAME

PINTO, LOURDES

STREET ADDRESS

5320 SW 151ST PL

CITY-ST-ZIP

MIAMI FL 33185

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change Addition

TITLE

D

NAME

RIVERA, VIRGINIA

STREET ADDRESS

6800 SW 112 ST

CITY-ST-ZIP

MIAMI FL 33156

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change Addition

TITLE

D

NAME

TSCHIRHART, KATHY

STREET ADDRESS

8105 SW 74 ST

CITY-ST-ZIP

MIAMI FL 33143

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

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 110.07(9)(b), 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 acknowledgment.

SIGNATURE:

Virginia S. Rivera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-95

Date

665-5333

System Form 9