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FILED

Feb 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000046766 (0)

1. Corporation Name

FATIMA CORP.

Principal Place of Business

4550 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

Mailing Address

4550 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065-1625



3. Date Incorporated or Qualified

06/25/1993

3a. Date of Last Report

09/27/1996

4. FEI Number

65-0426364

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

2. Principal Place of Business

21 880 S. Federal Highway

Suite, Apt. #, etc.

22

City & State

23 Pompano Beach, FL

Zip

24 33062

Country

25 USA

2a. Mailing Address

26 880 S. Federal Highway

Suite, Apt. #, etc.

27

City & State

28 Pompano Beach, FL

Zip

29 33062

Country

30 USA

9. Name and Address of Current Registered Agent

ROSARIO, ANTONIO S
4550 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name

Paul Pantaleao

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

880 S. Federal Highway

83

84 City

Pompano Beach

FL

85 Zip Code

33062

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

2/12/97

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME ROSARIO, ANTONIO S
STREET ADDRESS 4550 UNIVERSITY DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE VSD ☒ DELETE

NAME COMITO, JOHN
STREET ADDRESS 4550 UNIVERSITY DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD ☐ Change ☒ Addition

1.2 NAME PANTALEAO, PAUL
1.3 STREET ADDRESS 880 S. Federal Highway
1.4 CITY-ST-ZIP Pompano Beach FL 33062

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/97

Date

954-788-0211

Daytime Phone #

CR2E034 (9/96)