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95 MAR - 1 PM 4: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT
1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
CORPORATION DIVISION

DOCUMENT # P94000030706 (3)

PASTICHE, INC.

Principal Place of Business: 5104 BEACHWALK VILLAS DESTIN FL 32541
Mailing Address: 5104 BEACHWALK VILLAS DESTIN FL 32541

DO NOT WRITE IN THIS SPACE.

| | | | |
|---|--|-----------------------------------|--|
| 3. Date Incorporated or Qualified 04/22/1994 | | 3a. Date of Last Report | |
| 4. FEI Number 59-3239388 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent HOFFMAN-USSELY, JOAN E 5104 BEACHWALK VILLAS DESTIN FL 32541 | | | | 10. Name and Address of New Registered Agent | | | |
| 81 Name | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| 83 | | | | 84 City | | | |
| 85 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: *Joan E. Hoffman-Ussely* (DATE: 2/23/95)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|---|
| TITLE | PRESIDENT | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JUAN E. HOFFMAN - USSELY | 12 NAME | |
| STREET ADDRESS | 5104 BEACHWALK VILLAS | 13 STREET ADDRESS | |
| CITY & STATE | DESTIN, FL 32541 | 14 CITY - ST - ZIP | |
| TITLE | SECRETARY - TREASURER | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVID D. USSELY | 22 NAME | |
| STREET ADDRESS | 5104 BEACHWALK VILLAS | 23 STREET ADDRESS | |
| CITY & STATE | DESTIN, FL 32541 | 24 CITY - ST - ZIP | |
| TITLE | | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY & STATE | | 34 CITY - ST - ZIP | |
| TITLE | | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY & STATE | | 44 CITY - ST - ZIP | |
| TITLE | | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY & STATE | | 54 CITY - ST - ZIP | |
| TITLE | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY & STATE | | 64 CITY - ST - ZIP | |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(4), Florida Statutes. I further certify that the information included 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. I am an officer or director of this corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 1, or on Block A if changed, or on an attachment with an address.

SIGNATURE: *Joan E. Hoffman-Ussely* (DATE: 2/23/95) (REGISTERED SECRETARY: 904-267-5104)