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PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT # P95000016281 (4)

	PATI U.S.A., INC.						
Principal Plac	e of Business	Mailing Address		a constant und soldt Meile Mill Mast	i Antii baidi (1616)	GFULL U	OOT HOURT HIEL HOU
1800 COLLI	NS AVE.	1800 COLLINS AVE.					
#15-E	011 F4 -00400	#15-E					
MIAMI REA	CH FL 33139	MIAMI BEACH FL 3313	39	3. Date Incorporated or Qualified	3a. Date o	of Last	Renord
				02/28/1995		Luci	
Principal F	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number		T	Applied For
1		26		165-05612	02		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	<u></u>	\$8.7	5 Additional
2		27		The solution of States Besides		Fee	Required
City & Stal	te	City & State		6. Election Campaign Financing		\$5.0	00 May Be
7 ip	Country	28	1	Trust Fund Contribution			ed to Fees
i]	Country 25	Zip	Country	8. This corporation has liability for	intangible tax	under :	s 199.032,
<u>'</u>	9. Name and Address of Currer	29 29 Agent	[30]	Florida Statutes Yes 10. Name and Address of New R	733		
	0, 100,000 0, 0010	it riogistoroo Agont	81 Name	10. Name and Address of New H	iegistered Aç	jent	
RHASIN	I, NARESH						
	OLLINS AVE.		82 Street Adde	ress (P.O. Box Number is Not Acceptab	ole)		
#15-E	OLUMO AVE.	•	83				
	BEACH FL 33139						
DINCHAIL F	DEAON IE 30139		84 City		FL	85 Z	ip Code
			TE: Registered Agent signature require	rd of directors. I hereby accept the appx	DATE		
SIGNATURE 2.	Signature, typed or printed name of registered agent OFFICERS AN	and title if applicable (NO D DIRECTORS			DATE		
SIGNATURE 2. IILE	Signature, typed or printed name of registered agent OFFICERS ANI	and title if applicable (NO	TE: Registered Agent signature require 13. 1.1 TITLE	d when rainstating!	DATE ICERS AND D		
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certify that the information indicate i on this ponual 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 chroporation 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 by on an attachment with an address.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

BHASIA 4

9 ((305) 673-642