## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF 61 ATE Sandra B. Mortham Secretary of State &

DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 

P95000021001 (9)

PATTY OF MIAMI, CORP.

Mailing Address Principal Place of Business



957 WEST 80TH PLACE Hialeah FL 33014			957 WEST BOTH PLACE HIALEAH FL 33014			
					3. Date Incorporated or Qualified 03/13/1995	3a. Date of Last Report
2. Principal Place	of Business	2a, Mailing Address			4. FEI Number	Applied For
<del></del> )		26	26		65-0562280	Not Applicabl
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2		27			Fee Required	
City & State		City & State		*	6. Election Campaign Financing	55.00 May Be
		28			Trust Fund Contribution	Added to Fees
Žip	Country	Ζψ	Country		8. This corporation has liability for i	
<u> </u>	25	29	30		Florida Statutes Yes	
٤	g. Name and Address of C	urrent Registered Agent			10. Name and Address of New R	egistered Agent
			81	Name		
MARTINEZ, RUBEN 957 West 80TH PLACE				82 Street Address (P.O. Box Number is Not Acceptable)		
						85 Zip Code
•			84	City		FL S PROCE
Director to the	ha provisions of Sections E07	0502 and 607 1508. Horida Sta	Lites the above r	arned corpor	ation submits this statement for the pur rd of directors. I hereby accept the appo	pose of changing its registered offi
12.		S AND DIRECTORS	Note Reposed Age  13.	agranti ferme	ADDITIONS/CHANGES TO OFF	
TITLE	PVST	DELETE	1 1 10h F			Change Addition
IAME	MARTINEZ, RUBEN		1.2 NAME			
TREEL ADDRESS	957 WEST 80TH PLAC	Æ	1.3 STREET	ADDRESS		
CITY-ST-ZP	HIALEAH FL 33014		14 CITY - S	T ZIP		
ITLE	D	DELETE	2.1 TIFLE			Change Addit or
IAME .	MARTINEZ, RUBEN	, -	2.2 NAME			
STREET ADDRESS	957 WEST BUTH PLAC	E	2.3 STHEET	ADDRESS		
	- HIALEAH FL 33014"		2 4 CITY - 5	T ZIP		
iīLĒ		DELETE	3   Till E	: [ -		Change Addition
IAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	F ADDRESS		
CITY - ST - ZIP			3.4 CHY - 5	J ZIP		
TITLE		DELETE	4 1 TiT_E			Charige Addition
AME			4.2 NAME			
STREET ADDRESS			4.3.57REE	ADORESS		
CITY-ST-ZIP			4.4.00Y-5	31-716		
TITLE		DELETE	5 1 THE			Change Additio
NAME			5.2 NAME			
STREET ADDRESS			53 STREE	ADDRESS		
CITY-ST-ZIP			5.4 CITY - 1			
TITLE	/MATERIAL DE LA COMPANIA DEL COMPANIA DEL COMPANIA DE LA COMPANIA	DE1.ETE	6 1 Till E			Change Additio
NAME			6.2 NAME	*	6000018! -06/10/96010	56766 <i>s/</i>
STREET ADDRESS				F ADORESS	-06/10/96010	017009 //
SINCELADORESS			CARITY	}	***200.00	//;

14. If do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 trusted 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 of on an attachment with an address.

RUBEN MANTINEY