

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000039841 (8)

1. Corporation Name

INNO PATCH, INC.



Principal Place of Business

183-30 E. OAKMONT DRIVE
MIAMI FL 33015

Mailing Address

183-30 E. OAKMONT DRIVE
MIAMI FL 33015

2. Principal Place of Business

21 **19330 E. Oakmont Dr.**

Suite, Apt. #, etc

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 City & State

23 Zip

Country

24

25 Zip

29 Zip

30 Country

3. Date Incorporated or Qualified
05/18/1995

3a. Date of Last Report

4. FEI Number

65-0595856

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

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

Yes No

9. Name and Address of Current Registered Agent

**JOHN O. SUTTON, P.A.
2655 LEJEUNE ROAD PH-II
CORAL GABLES FL 33134**

81 Name

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

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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 the day and year

(Type or Print) Registered Agent Signature required when changing

DATE

12. OFFICERS AND DIRECTORS

		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VILA, RAUL I	1.2 NAME		
STREET ADDRESS	183-30 E. OAKMONT DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33015	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VILA, LOURDES	2.2 NAME		
STREET ADDRESS	183-30 E. OAKMONT DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33015	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 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 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.

CR2E034 (12/95)

SIGNATURE:

Lourdes G. Vila

4-20-96 (305)670-7635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Month/Year