

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000040526 (2)

1. Corporation Name

PATAGONIA IMPORT & EXPORT INC.



Principal Place of Business

400 N.E. 12TH AVE.
#502
HALLANDALE FL 33009

Mailing Address

400 N.E. 12TH AVE.
#502
HALLANDALE FL 33009

3. Date Incorporated or Qualified

05/23/1995

3a. Date of Last Report

2. Principal Place of Business

21 3636 NE 167th ST

Suite, Apt. #, etc.

2a. Mailing Address

26 3636 NE 167th ST

Suite, Apt. #, etc.

4. FEI Number

65-0582413

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

22 City & State

23 NORTH MIAMI BEACH, FL

Zip

24 33160

Country

25 USA

27 City & State

28 NORTH MIAMI BEACH, FL

Zip

29 33160

Country

30 USA

9. Name and Address of Current Registered Agent

TAVARES, RONALDO
400 N.E. 12TH AVE.
#502
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

01.30.96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
TAVARES, RONALDO
STREET ADDRESS 400 N.E. 12TH AVE. #502
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ DELETE

NAME SD
MACHUTA, HELENA A
STREET ADDRESS 400 N.E. 12TH AVE. #502
CITY-ST-ZIP HALLANDALE FL 33009

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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***200.00

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.30.96

Date

(305) 354.80.68

Daytime Phone #

CR2E034 (12/95)