

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000072906 (7)

1. Corporation Name
PATRANO, INC.



Principal Place of Business
1332 NE 163RD STREET
NORTH MIAMI BEACH FL 33142

Mailing Address
1332 NE 163RD STREET
NORTH MIAMI BEACH FL 33162-4623

3. Date Incorporated or Qualified 09/19/1995	3a. Date of Last Report 08/15/1996
4. FEI Number 65-0611668	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	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIFAS, HAROLD M
7900 RED ROAD STE 9
SO. MIAMI FL 33143

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 607.0132 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE	☐ DELETE	13.1 TITLE	☐ Change ☐ Addition
12.2 NAME		13.2 NAME	
12.3 STREET ADDRESS		13.3 STREET ADDRESS	
12.4 CITY - ST - ZIP		13.4 CITY - ST - ZIP	
12.5 TITLE	☐ DELETE	13.5 TITLE	☐ Change ☒ Addition
12.6 NAME		13.6 NAME	
12.7 STREET ADDRESS		13.7 STREET ADDRESS	
12.8 CITY - ST - ZIP		13.8 CITY - ST - ZIP	
12.9 TITLE	☐ DELETE	13.9 TITLE	☐ Change ☐ Addition
12.10 NAME		13.10 NAME	
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY - ST - ZIP		13.12 CITY - ST - ZIP	
12.13 TITLE	☐ DELETE	13.13 TITLE	☐ Change ☐ Addition
12.14 NAME		13.14 NAME	
12.15 STREET ADDRESS		13.15 STREET ADDRESS	
12.16 CITY - ST - ZIP		13.16 CITY - ST - ZIP	
12.17 TITLE	☐ DELETE	13.17 TITLE	☐ Change ☐ Addition
12.18 NAME		13.18 NAME	
12.19 STREET ADDRESS		13.19 STREET ADDRESS	
12.20 CITY - ST - ZIP		13.20 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 this 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. I changed or got an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0221193

CR2E034 (9/96)