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PROFIT CORPORATION ANNUAL REPORT 1999

DO 1. Co



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90016 006 ***150.00

| Corporation Name | # P95000074148 |
|------------------|----------------|
| ROBERT PATRICE | (, INC, |

Mailing Address Principal Place of Business 326 PERUVIAN AVENUE 326 PERUVIAN AVENUE SHOP 5 SHOP 5 DO NOT WRITE IN THIS SPACE PALM BEACH FL 33480 PALM BEACH FL 33480 3. Date Incorporated or Qualifed 10/01/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0613678 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite. Apt. #: etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Žip Country 8. This corporation owes the current year Intangible Zip Country □No Personal Property Tax. 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CAPLAN, LOUIS Street Address (P.O. Box Number is Not Acceptable) 82 C/O ST. JOHN. DICKER & CAPLAN 500 AUSTRALIAN AVENUE SOUTH, SUITE 600 W. PALM BEACH FL 33401 Zip Code 85 City 84 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE TITLE 1.2 NAME 354 Chilean Ave., VILLA D Palm Beach, FL 33480 NAME DE CASERE, ROBERT. 1.3 STREET ADDRESS STREET ADDRESS 170 CHILEAN AVENUE, APT. 4-D 1.4 CITY-ST-ZIP PALM BEACH FL CITY-ST-ZIP ☐ DELETE 2.1 TITLE TITLE 354 Chilean Ave., VILLA D Palm Beach, FL 33480 2.2 NAME FARBRO, PATRICK C. NAME 2.3 STREET ADDRESS 170 CHILIAN AVENUE, APT. 4-D STREET ADDRESS PALM BEACH FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Patrick C. Farbro RIPATRICIED FARBRO

561.832-5483