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May 01 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 # P95000088644 (6)

1. Corporation Name
SLIM PATCH, INC.

Principal Place of Business	Mailing Address
6200 STIRLING Rd. DAVIE, FL 33024	6200 STIRLING Rd. DAVIE, FL 33024

3. Date Incorporated or Qualified: 11/17/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 6200 STIRLING Rd.
Suite, Apt. #, etc. 22:
City & State 23: DAVIE, FL
Zip 24: 33314 Country 25: BROWARD

2a. Mailing Address
26: 6200 STIRLING Rd.
Suite, Apt. #, etc 27:
City & State 28: DAVIE, FL
Zip 29: 33314 Country 30: BROWARD

4. FEI Number: 65-0671943 ☐ 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

9. Name and Address of Current Registered Agent

TISHMAN, WILLIAM J.
18901 OAKMONT DRIVE
MIAMI, FL 33015

10. Name and Address of New Registered Agent

81 Name: TISHMAN, WILLIAM J.
82 Street Address (P.O. Box Number is Not Acceptable): 2300 DIANA DR. # 201
83:
84 City: HALLANDALE FL 85 Zip Code: 33009

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T/D TISHMAN, WILLIAM J. 18901 OAKMONT DRIVE MIAMI, FL 33015	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	S/T/D TISHMAN, WILLIAM J. 2300 DIANA DR. # 201 HALLANDALE, FL 33009	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BOTKNECHT, JONAH DR. 3230 N. 36TH STREET HOLLYWOOD, FL 33021	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	000002165070 -05/05/97--01014--026 ***165.00	☐ Change ☐ Addition

CR2E034 (9/96)

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 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: William J. Tishman 4/22/97 (954) 964-6774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #