## LE NOW:

TLE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name
PADRISIMO, INC.

P96000050524 (3)

## FILED Jan 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					85:81 0:110  :011 8:01  00 <del>1</del>	
-806 N 91 -00URT806 N 91 -00URT HOLLYWOOD FL-80021-						
TOLETHOOD TE BOOK				DO NOT WRITE IN THIS S	DO NOT WRITE IN THIS SPACE	
			•	3. Date Incorporated or Qualified		
				06/13/1996		
2. Principal P	Place of Business	2a. Mailing Address	2 \	4. FEI Number	Applied For	
	7 NW 82ND AVE		JUA GINC	<u>65-0685176</u>	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22 City & Stat		27			Fee Required	
	AL SPRINGS FL	City & State  CORAL SPRIN	رس جيدن	6. Election Campaign Financing	\$5.00 May Be	
7in	Country	28 CORAL SPRIN	Country	Trust Fund Contribution	Added to Fees	
Zip 24 ろうぐ	065 25 US	29 33065 30	7 (10	8. This corporation owes or has paid the curre Personal Property Tax due June 30.	ent year Intangible  Yes No	
	9. Name and Address of Current		1	10. Name and Address of New Registered A		
ZIFF, RICHARD L 81 Name						
806 N 31 COURT				Add (0.0 D. N		
HOLLYWOOD FL 33021				Address (P.O. Box Number is Not Acceptable)		
83						
			04 00		1	
			84 City	FL	85 Zip Code	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above named cornoration 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)  DATE						
Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN						
TITLE	PS	DELETE	1.1 TITLE	Diole	Channa Liddition	
NAME	Galeb, Fernando		1.2 NAME	GALEG FERNANDO 4427 NW BIND AVE CURAL SPRINGS FL 3306	<b>,</b>	
STREET ADDRESS	<del>-806 N 81-COURT</del>		1.3 STREET ADDRESS	4457 NW BUND AVE		
CITY-ST-ZIP	HOLLYWOOD FL 33021		1,4 CITY-ST-ZIP	CURAL SPRINOIS FL 3306	5	
TITLE		DELETE	2.1 TITLE	, , ,	Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		,	
TITLE		☐ DELETE	3.1 TITLE	D/3	Change Addition	
NAME	4		3.2 NAME	IXIA LEE MEDINA	·	
STREET ADDRESS	•		3.3 STREET ADDRESS	4471 NW 87ND AVE		
CITY-ST-ZIP			3.4. CITY - ST - ZIP	DIS IXIA LEE MEDINA 4457 NW 82ND AVE CORAL SPRINGS, FL 330	65	
TITLE		☐ DELETE	4.1 TITLE	[	Change Addition	
NAME			4. 2 NAME		ŀ	
STREET ADORESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		2000	4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	Į	Change Addition	
NAME			5.2 NAME			
STREET ADORESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		l priette	5.4 CITY-ST-ZIP			
TITLE		DELETE	61 TITLE	L	Change  Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST- ZIP			

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.