

2000 UNIFORM BUSINESS REPORT (UBR)

4.

DOCUMENT # P98000067825

1. Entity Name

PATHENON, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

04-03-2000 90062 001 *1,050.00

Principal Place of Business 2620 SW 27TH AVENUE 4TH FLOOR MIAMI FL 33133	Mailing Address 2620 SW 27TH AVENUE 4TH FLOOR MIAMI FL 33133-3005
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LEIRO, ANGEL M
2620 SW 27TH AVENUE
4TH FLOOR
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name **Olukayode A. Ramos**
 Street Address (P.O. Box Number is Not Acceptable)
2620 SW 27th Avenue
 City **Miami** **FL** Zip Code **33133**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Olukayode A. Ramos, Dir. DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	RAMOS, OLUKAYODE A
STREET ADDRESS	129 GAVILAN AVENUE
CITY-ST-ZIP	CORAL GABLES FL 33143
TITLE	D <input type="checkbox"/> Delete
NAME	FOWORA, OLUSEGUN
STREET ADDRESS	129 GAVILAN AVENUE
CITY-ST-ZIP	CORAL GABLES FL 33143
TITLE	D <input type="checkbox"/> Delete
NAME	DANSO, EMMANUEL A
STREET ADDRESS	129 GAVILAN AVENUE
CITY-ST-ZIP	CORAL GABLES FL 33143
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: *[Signature]* DATE 01/20/00 DAYTIME PHONE # (305) 476-4230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR