

AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S33777 (1)
1. Corporation Name
PATROON AGENCY, INC.

FILED
Jul 17, 1996 08:00 AM
Secretary of State



Principal Place of Business	Mailing Address
19101 MYSTIC POINTE DR APARTMENT 707 AVENTURA FL 33180	19101 MYSTIC POINTE DR APARTMENT 707 AVENTURA FL 33180

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc
22	City & State	27	City & State
23	Zip	28	Zip
	Country	29	

3. Date Incorporated or Qualified 02/25/1991		3a. Date of Last Report 05/01/1995	
4. FEI Number 14-1414616		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

COHN, GERALD
19101 MYSTIC POINTE DR
APARTMENT #707
AVENTURA FL 33180

10. Name and Address of New Registered Agent			
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 607.0502 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 _____

Signature type and purpose of use of registered agent as data of application

(NOTE: Required Agent's signature required when returning mail)

[25]

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	☐ DELETE
NAME	COHN, GERALD	
STREET ADDRESS	19101 MYSTIC PTE DR #707	
CITY - ST - ZIP	AVENTURA FL	

TITLE	VSD	☐ DELETE
NAME	COHN, SANDRA E.	
STREET ADDRESS	19101 MYSTIC PTE DR #707	
CITY - ST - ZIP	AVENTURE FL	

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. TITLE		Change	Addition

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2 1 TITLE	☐ Change ☐ Add on
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY, STATE	

3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

5.1 TITLE	☐ Change	☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an affidavit.

SIGNATURE:

Block 12 or Block 13 if changed, or on an attachment with an address.

Donald Chu Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/96 (305) 937-2147

CR2E034 (3/96)