

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 PH 12: 08

DOCUMENT # **V27321** (1)

1. Corporation Name
PAT'S KITCHEN, INC.

Principal Place of Business Mailing Address
3692 GRAND AVE MIAMI FL 33133 **3692 GRAND AVE MIAMI FL 33133**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/06/1992** 3a. Date of Last Report **02/03/1994**

2. Principal Place of Business		2b. Mailing Address		4. FFI Number		Applied For	
21		26 9081 SW 140th ST.		4 65-0336681		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28 Miami, FL					
Zip	Country	Zip	Country				
24	25	29 33176	30 Dade				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FATT, PATRICIA LYN 9411 DOMINICAN DR MIAMI FL 33189				01 Name			
				02 Street Address (P.O. Box Number is Not Acceptable)			
				03			
				04 City		FL	

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 reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P FATT, PATRICIA LYN-FATT, Patricia D.	11 TITLE	P Lyn-FATT, PATRICIA D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9411 DOMINICAN DR	12 NAME	9081 SW 140th St.
STREET ADDRESS	MIAMI FL 33189	13 STREET ADDRESS	Miami, FL 33176
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE	Lyn-FATT	21 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	Lyn-FATT, Everett G.
STREET ADDRESS		23 STREET ADDRESS	9081 SW 140th St.
CITY - ST - ZIP		24 CITY - ST - ZIP	Miami, FL 33176
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 110.07(3)(b), 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: Patricia Lyn Fatt **PATRICIA LYN FATT** 3/31/95 1142 0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR