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

NAME

STREET ADDRESS

CITY-ST-ZIP

**FILED** May 15 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (5) V52865 PATAR INVESTMENTS, INC. Principal Place of Business Mailing Address 201 SOUTH BISCAYNE BLVD. 201 SOUTH BISCAYNE BLVD. SUITE 1402 MIAMI FL 33131 **SUITE 1402** DO NOT WRITE IN THIS SPACE MIAMI FL 33131 3. Date Incorporated or Qualified 07/21/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0347549 26 Not Applicable 21 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zio Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name 48a6'4 MACAULAY, ROBERT B. GLLE-ST. LOUIS-MACAULAY & ZORRILLA P.A. Street Address (P.O. Box Number is Not Acceptable) 82 201 S. BISCAYNE BLVD., SUITE 1402 83 MIAMI FL 33131 В4 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation supporting or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board agent. I am familiar with and accept the bligations of Section 607,0505, Florida Statutes. purpose of changing its registered cept the appointment as registered Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change DELETE 1.1 TiTLE TITLE MACAULAY, ROBERT B. NAME 1.2 NAME 201 S. BISCAYNE BLVD. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL City-St-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 4 1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE

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 agdress. 1/27/00

6.2 NAME 6.3 STREET ADDRESS

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