

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90009 011 ***400.00

08-02-1999 90009 012 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # V62818

1. Corporation Name

PATMAR, INC.

Principal Place of Business

**7869 N.W. 188TH LANE
MIAMI FL 33015**

Mailing Address

**7869 N.W. 188TH LANE
MIAMI FL 33015**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1992

4. FEI Number

65-0357840

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 owes the current year
Intangible Personal Property.

☐ Yes

☒ No

2. Principal Place of Business

21 601 BRICKELL KEY DRIVE

Suite, Apt. #, etc.

22 SUITE 705

City & State

23 MIAMI, FL

Zip

24 33131

Country

25 U.S.

2a. Mailing Address

26 601 BRICKELL KEY DRIVE

Suite, Apt. #, etc.

27 SUITE 705

City & State

28 MIAMI, FL

Zip

29 33131

Country

30 U.S.

9. Name and Address of Current Registered Agent

**FERNANDEZ, PATRICIA
7869 N.W. 188TH LANE
MIAMI FL 33015**

10. Name and Address of New Registered Agent

81 Name

DE LA PENA, VILLANUEVA & BAJANDAS, LLP

82 Street Address (P.O. Box Number is Not Acceptable)

601 BRICKELL KEY DRIVE

83

SUITE 705

84 City

MIAMI

FL

85 Zip Code

33131

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

RICARDO BAJANDAS, ESQ.

07/21/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **FERNANDEZ, PATRICIA**
STREET ADDRESS **7869 N.W. 188TH LANE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **S** ☐ Change ☒ Addition
1.2 NAME **RICARDO BAJANDAS**
1.3 STREET ADDRESS **601 BRICKELL KEY DRIVE, SUITE 705**
1.4 CITY-ST-ZIP **MIAMI, FL 33131**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 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.

SIGNATURE:

RICARDO BAJANDAS

07/21/99

(305) 377-0809

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)