

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

95 MAY - 1 AM 10: 04

DOCUMENT # **L32015** (4)

1. Corporation's Name:
PATTI ENTERPRISES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Previous Place of Business: **6851 S HOLLY CR SUITE 200 ENGLEWOOD CO 80112 US**
Mailing Address: **6851 S HOLLY CR SUITE 200 ENGLEWOOD CO 80112 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/28/1989** 3a. Date of Last Report: **04/20/1994**
4. FEI Number: **65-0172034** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contributor: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes: Yes No

2. Previous Place of Business: **21** State: Apt # etc: **22** City & State: **23** Zip: **24** Country: **25**
2a. Mailing Address: **26** State: Apt # etc: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUCHWALD, HERBERT
1351 N.E. MIAMI GARDENS DRIVE
STORE UNIT #5
NORTH MIAMI BEACH FL 33179**

81. Name: _____
82. Street Address (P.O. Box Number is Not Acceptable): _____
83. _____
84. City: _____
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0903 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 607.0902, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP
PD	BAUM, PATTY	6851 S HOLLY CR STE 200 ENGLEWOOD CO			
STD	KREUSCHER, MAUREEN	6851 S HOLLY CR STE 200 ENGLEWOOD CO			
PD	BAUM, PATTY	6851 S HOLLY CR STE 200 ENGLEWOOD CO			
SDT	KREUSCHER, MAUREEN	6851 S HOLLY CR STE 200 ENGLEWOOD CO			

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Addition
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

14. I, the board of directors, certify that the information supplied with this filing is truthful, correct and complete and equally for the reporting period stated in law from 1/1/91 to 12/31/95. I further certify that the information included on this annual report or supplemental annual report is true and correct 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 business registered to receive this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, on Block 13 or on an applicable form with an address.

SIGNATURE: *Maureen Kreuscher*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 303-770-9020