FILE NOW: FILING FEE AFTER MAY 1, IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 707788 (6)

1. Corporation Name

ISLE OF PARADISE "E", INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
465 PARADISE ISLE BLVD HALLANDALE FL 33009	465 PARADISE ISLE BLVD HALLANDALE FL 33009

3. Date Incorporated or Qualified: 09/09/1964
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-1091811 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

HOWATY,ANDROW
465 PARADISE ISLE BLVD
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name: Pine Trees En Propose Management
82 Street Address (P.O. Box Number is Not Acceptable): 4988 No University Dr.
83
84 City: Lauderhill FL 85 Zip Code: 33351

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] 3/17/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	VD.	☑ Change ☐ Addition
NAME	CHEVALIER, FERNAND	12 NAME	NUVENIRI, Luigi	
STREET ADDRESS	465 PARADISE ISLE BLVD	13 STREET ADDRESS	465 Paradise Isle Blvd.	
CITY-ST-ZIP	HALLANDALE, FL 00000	14 CITY-ST-ZIP	Hallandale, Fl	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	DIPALMER, SUZANNE	22 NAME		
STREET ADDRESS	465 PARADISE ISLE BLVD	23 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL	24 CITY-ST-ZIP		
TITLE	PD	31 TITLE		☐ Change ☐ Addition
NAME	KIMBALL, ROBERT P	32 NAME		
STREET ADDRESS	465 PARADISE ISLE BLVD	33 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 00000	34 CITY-ST-ZIP		
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	FERRVOLO,EDWARD	42 NAME		
STREET ADDRESS	465 PARADISE ISLE BLVD	43 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL 33009	44 CITY-ST-ZIP		
TITLE	VP	51 TITLE		☐ Change ☐ Addition
NAME	FERRARA, PAT	52 NAME		
STREET ADDRESS	465 PARADISE ISLE BLVD.	53 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above/on an attachment with an address.

SIGNATURE: [signature] Apr. 3, 1995 305 [illegible] 8241
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER (Daytime Phone #)
ROBERT P. KIMBALL

0006141