SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

| DOCUMENT # P93000032847 (4) PARAS ENTERPRISES, INC. | | | | | | | | | | | |
|--|---|--|--|---|--|---|--|------------------------|-------------------|-----------------------------------|---|
| Principal Place | e of Busines | | Maitin | g Address | | | | | | | |
| 20349 US HWY 27 CLERMANT FL 34711-8797 | | | | 20349 US HWY 27 CLERMANT FL 34711-8797 | | | | | | | |
| | | | | | | | 3. Date Incorporated or Qu 05/03/1993 | ualified | | Date of L 8/31/1 | ast Report |
| 2. Principal Pl | lace of Busi | ness | 2a. Ma | ailing Address | | | 4. FEI Number | | | 0,0 | Applied For |
| 21 | | | 26 | | | | 59-3181651 | | | [| Not Applicat |
| Suite, Apt | #, etc | | | iite, Apt. #, etc. | | | 5. Certificate of Status Des | s red | | | .75 Additional ee Required |
| City & State | e | | 27 Cr | ty & State | | | 6. Election Campaign Fina | neina | | | 5.00 May Be |
| 3 | - | | 28 | ., | | | Trust Fund Contribution | _ | | - | dded to Fees |
| Ziρ | | Country | Zı | р | Cou | ntry | 8. This corporation has liab | bility f <u>or i</u> | intang bl | e tax un | der s. 199.032, |
| 4 | | 25 | 29 | | 30 | | Florida Statutes | L_ |] Yes [| No | |
| | | and Address of Cu | irrent Registere | ed Agent | | 81 Name | 10. Name and Address of | New Re | gistered | Agent | |
| JAIN, MANOHAR H 4800 APOPKA-VINELAND RD ORLANDO FL 32819 | | | | | | | | | | | |
| | | | | | | 82 Street Add | ress (P.O. Box Number is Not Acceptable) | | | | |
| UK | LANDO FL | . 32819 | | | | 83 | , | | | | |
| | | | | | | 84 City | | | | 85 | Zip Code |
| | | | | | | 0, | | | FI | L ⁵⁵ | , |
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| office or re agent I as SIGNATURE | egistered ag m familiar w | gent, or both limithe S ith, and accept the c for prints made of register | State of Florida Sobligations of, Se | Such change was action 607.0505, F | authorized Iorida Statu | by the corporati | ion's board of directors. Thereb | y accept | urpose of the app | ointmer | t as registered |
| office or re agent I as SIGNATURE | egistered ag m familiar w | gent, or both limithe S ith, and accept the c for prints made of register | State of Florida Sobligations of, Se | Such change was action 607.0505, F | authorized Iorida Statu DTE Registeres | by the corporatites. | ion's board of directors. Thereby | y accept | urpose of the app | ointmer | t as registered |
| office or reagent. I ai SIGNATURE 12. TITLE NAME | egistered ag m familiar w Signature type PSTD JAIN, N | gent, or both fin the S hith, and accept the c forpular has collegated OFFICERS | tate of Florida Sobiligations of, So ed agent and title if and S AND DIRECTO | Such change was action 607.0505, F picable (No DRS | authorized lorida Statu OTE Brigisteres 13. 1.1 H | by the corporations. Agents gnature required Agents gnature required | ion's board of directors. Thereby | y accept | urpose of the app | ointmer | t as registered |
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| office or reagent Lai SIGNATURE 12. THE NAME SYREET ADDRESS CITY-ST-ZIP THE | egistered ag m familiar w Signeture type PSTD JAIN, N 4800 A | gent, or both in the S hith, and accept the c for primarian estinguism OFFICERS IANOHAR H POPKA-VINELAND | tate of Florida Sobiligations of, So ed agent and title if and S AND DIRECTO | Such change was action 607.0505, F picable (No DRS | authorized lorida Statu DTE Brig street 13. 1.1 Ti 1.2 N/ 1.3 ST 1.4 Ci 2.1 Ti | by the corporations. Agent signature receiver. LE ME REET ADDRESS [Y+ST-ZIP] | ion's board of directors. Thereby | y accept | urpose of the app | ND DIRE | t as registered |
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