

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 19 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000036565 (8)**

1. Corporation Name

**PARADIGM ENTERPRISES, INC.**

Principal Place of Business

2875 NE 191ST ST  
SUITE 836  
AVENTURA FL 33180

Mailing Address

2875 NE 191ST ST  
SUITE 836  
AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/19/1993

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FBI Number

65-0473950

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

6. This corporation has liability for intangible tax under S. 169.032, Florida Statutes

Yes  No

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

NASCA, PETER A  
2875 NE 191ST ST  
SUITE 836  
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PS  
WEINBACH, N PHILIP  
%2875 NE 191ST ST SUITE 836  
AVENTURA FL 33180

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

PS  
WEINBACH, N PHILLIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DVT  
NASCA, PETER A  
%2875 NE 191ST ST SUITE 836  
AVENTURA FL 33180

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

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change  Addition

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 110.07(3)(k), 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:

*N. Phillip Weinbach*  
N. Phillip WEINBACH

4/14/95

205-251-1522