

**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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 10 PM 2:46**

**DOCUMENT # P94000029990 (6)**

1. Corporation Name

**PARADISE GRAND MARKETING, INC.**

Principal Place of Business

**RADISSON GRAND RESORT  
19495 BISCAYNE BOULEVARD, SUITE 601  
AVENTURA FL 33180**

Mailing Address

**RADISSON GRAND RESORT  
19495 BISCAYNE BOULEVARD, SUITE 601  
AVENTURA FL 33180**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**04/20/1994**

3a. Date of Last Report

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

25. Country

2a. Mailing Address

25. Suite, Apt. #, etc.

27. City & State

29. Zip

30. Country

4. FEI Number

**65-0420792**

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

8. This corporation has liability for intangible tax under 5. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

**P/D  
ALFRED GOLLIK  
56 RADISSON GRAND RESORT, 55 6307 CASINO DRIVE  
PARADISE ISLAND, NASSAU, BAHAMAS**

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

**V/D  
RONALD L. EVANS  
5208 ASPEN  
BELLAIRE, TX 77401**

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

**S/T  
WILLIAM F. GILMORE  
56 RADISSON GRAND RESORT, 55 6307 CASINO DRIVE,  
PARADISE ISLAND, NASSAU, BAHAMAS**

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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, 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 in Block 14 if appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/95**

**809-363-3500**