

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000046871 (5)

1. Corporation Name

PARADISE PAINTING & WATERPROOFING, INC.



Principal Place of Business 1714 NE 175TH STREET NORTH MIAMI BEACH FL 33162	Mailing Address 1714 NE 175TH STREET NORTH MIAMI BEACH FL 33162
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 21445 NE 19 CT Suite, Apt. #, etc. 22 City & State N.M.B FL 33179 23 Zip 24 Country		2a. Mailing Address 26 21445 NE 19 CT Suite, Apt. #, etc. 27 City & State NORTH MIAMI BEACH FL 28 Zip 29 33179 30 Country		3. Date Incorporated or Qualified 05/24/1996 4. FEI Number 65-0678187 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent

VALDES, VICTOR H.
1714 NE 175TH STREET
NORTH MIAMI BEACH FL 33162
21445 NE 19 CT
NORTH MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

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 607.0502 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD NAME VALDES, VICTOR H. STREET ADDRESS 1714 NE 175TH STREET CITY-ST-ZIP NORTH MIAMI BEACH FL 33162	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD NAME VALDES, EDUARDO U. STREET ADDRESS 2301 NE 170TH STREET, APT. 10 CITY-ST-ZIP NORTH MIAMI BEACH FL 33162	1.2 NAME	
TITLE	AVPD NAME VALDES, VICTOR H. SR. STREET ADDRESS 18701 NE 21ST AVENUE, APT. 104 CITY-ST-ZIP NORTH MIAMI BEACH FL 33162	1.3 STREET ADDRESS	
TITLE	SD NAME VALDES, ALEJANDRO A. STREET ADDRESS 19477 NE 170TH STREET, APT. 214 CITY-ST-ZIP NORTH MIAMI BEACH FL 33179	1.4 CITY-ST-ZIP	
TITLE	ASD NAME VALDES, PEDRO F. STREET ADDRESS 2301 NE 170TH STREET, APT. 104 CITY-ST-ZIP NORTH MIAMI BEACH FL 33162	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD NAME VALDES, WILLIAM P. STREET ADDRESS 2301 NE 170TH STREET, APT. 104 CITY-ST-ZIP NORTH MIAMI BEACH FL 33162	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Victor H. Valdes

4-28-98 (305) 936-0945

CR2E034 (10/97)