

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
--	---	---

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
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/24/1996		4. FEI Number 65-0678187		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
2. Principal Place of Business 21 21445 NE 19 CT	2a. Mailing Address 26 21445 NE 19 CT	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 City & State N. M. B FL 33179	28 City & State NORTH MIAMI BEACH FL	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			
24 Zip 33179	25 Country	29 Zip 33179	30 Country		

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VALDES, VICTOR H.	
STREET ADDRESS	1714 NE 175TH STREET	
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VALDES, EDUARDO U.	
STREET ADDRESS	2301 NE 170TH STREET, APT. 10	
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	AVPD	<input type="checkbox"/> DELETE
NAME	VALDES, VICTOR H. SR.	
STREET ADDRESS	18701 NE 21ST AVENUE, APT. 104	
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	VALDES, ALEJANDRO A.	
STREET ADDRESS	19477 NE 170TH STREET, APT. 214	
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	VALDES, PEDRO F.	
STREET ADDRESS	2301 NE 170TH STREET, APT. 104	
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	VALDES, WILLIAM P.	
STREET ADDRESS	2301 NE 170TH STREET, APT. 104	
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33162	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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)