

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

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90010 047 ***150.00
 04-25-1999 90010 048 *****8.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000046871

1. Corporation Name
PARADISE PAINTING & WATERPROOFING, INC.



Principal Place of Business 21445 NE 19TH CT NORTH MIAMI BEACH FL 33179 US	Mailing Address 21445 NE 19TH CT NORTH MIAMI BEACH FL 33179 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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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 the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
VALDES, VICTOR H.
21445 NE 19TH 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	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: _____ (NOT 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	16701 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	CHANGE OF ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	21445 NE 19 CT Blvd	
1.4 CITY-ST-ZIP	Miami FL 33179	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	1571 NE 175 Street	
2.4 CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	1714 NE 175 Street	
3.4 CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	1755 NE 175 Street	
4.4 CITY-ST-ZIP	N. Miami Bch FL 33162	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	1798 NE 175 Street	
5.4 CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	1714 NE 175 Street	
6.4 CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	

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, with all other like empowered.

SIGNATURE: Victor H. Valdes Date _____ Daytime Phone # _____

CR2E034 (11/98)

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