

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

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

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

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



DO NOT WRITE IN THIS SPACE

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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

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:

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	1.1 TITLE	CHANGE OF ADDRESS
NAME	VALDES, VICTOR H.	1.2 NAME	
STREET ADDRESS	1714 NE 175TH STREET	1.3 STREET ADDRESS	21445 NE 19 CT Blvd
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	1.4 CITY-ST-ZIP	Miami FL 33179
TITLE	VD	2.1 TITLE	
NAME	VALDES, EDUARDO U.	2.2 NAME	
STREET ADDRESS	2301 NE 170TH STREET, APT. 10	2.3 STREET ADDRESS	1571 NE 175 Street
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	2.4 CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162
TITLE	AVPD	3.1 TITLE	
NAME	VALDES, VICTOR H. SR.	3.2 NAME	
STREET ADDRESS	16701 NE 21ST AVENUE, APT. 104	3.3 STREET ADDRESS	1714 NE 175 Street
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	3.4 CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162
TITLE	SD	4.1 TITLE	
NAME	VALDES, ALEJANDRO A.	4.2 NAME	
STREET ADDRESS	19477 NE 170TH STREET, APT. 214	4.3 STREET ADDRESS	1755 NE 175 Street
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	4.4 CITY-ST-ZIP	N. Miami Bch FL 33162
TITLE	ASD	5.1 TITLE	
NAME	VALDES, PEDRO F.	5.2 NAME	
STREET ADDRESS	2301 NE 170TH STREET, APT. 104	5.3 STREET ADDRESS	1798 NE 175 Street
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	5.4 CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162
TITLE	TD	6.1 TITLE	
NAME	VALDES, WILLIAM P.	6.2 NAME	
STREET ADDRESS	2301 NE 170TH STREET, APT. 104	6.3 STREET ADDRESS	1714 NE 175 Street
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)