

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 398644 (5)

1. Corporation Name

PARES REMODELING CORP.



Principal Place of Business

2505 FLAMINGO DRIVE
MIAMI BEACH FL 33140

Mailing Address

2505 FLAMINGO DRIVE
MIAMI BEACH FL 33140

2. Principal Place of Business

21 1228 ALTON ROAD
State, Apt. #, etc.

22 City & State

23 MIAMI BEACH, FLA.

24 Zip 33139

25 USA

2a. Mailing Address

26 1228 ALTON ROAD
State, Apt. #, etc.

27 City & State

28 MIAMI BEACH, FLA.

29 Zip 33139

30 USA

3. Date Incorporated or Qualified
04/04/1972

3a. Date of Last Report
04/11/1995

4. FEI Number
59-1414175

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

RESNICK, ABE
2505 FLAMINGO DRIVE
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1228 ALTON ROAD

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 the person appointing the registered agent

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE D
12.2 NAME RESNICK, ABE
12.3 STREET ADDRESS 2505 FLAMINGO DRIVE
12.4 CITY-STATE-ZIP MIAMI BEACH FL 33139
☐ DELETE

12.5 TITLE SD
12.6 NAME RESNICK, JAMES
12.7 STREET ADDRESS 2505 FLAMINGO DRIVE
12.8 CITY-STATE-ZIP MIAMI BEACH FL 33139
☐ DELETE

12.9 TITLE
12.10 NAME
12.11 STREET ADDRESS
12.12 CITY-STATE-ZIP
☐ DELETE

12.13 TITLE
12.14 NAME
12.15 STREET ADDRESS
12.16 CITY-STATE-ZIP
☐ DELETE

12.17 TITLE
12.18 NAME
12.19 STREET ADDRESS
12.20 CITY-STATE-ZIP
☐ DELETE

12.21 TITLE
12.22 NAME
12.23 STREET ADDRESS
12.24 CITY-STATE-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS 1228 ALTON ROAD
13.4 CITY-STATE-ZIP MIAMI BEACH FLA. 33139
☒ Change ☐ Addition

13.5 TITLE
13.6 NAME
13.7 STREET ADDRESS 1228 ALTON ROAD
13.8 CITY-STATE-ZIP MIAMI BEACH FLA. 33139
☒ Change ☐ Addition

13.9 TITLE
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY-STATE-ZIP
☐ Change ☐ Addition

13.13 TITLE
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY-STATE-ZIP
☐ Change ☐ Addition

13.17 TITLE
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY-STATE-ZIP
☐ Change ☐ Addition

13.21 TITLE
13.22 NAME
13.23 STREET ADDRESS
13.24 CITY-STATE-ZIP
☐ Change ☐ Addition

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 119.07(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES RESNICK

2-28-96

Date

305-6734981

Daytime Phone #

CR2E034 (12/95)