


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

FILED  
Mar 17 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 440695 (5)</b> 1. Corporation Name <b>PARAMOUNT ELEVATOR SYSTEMS, INC.</b>					
Principal Place of Business <b>8390 WEST FLAGLER ST. SUITE 110 18 MIAMI FL 33144</b>			Mailing Address <b>8390 WEST FLAGLER ST. SUITE 110 18 MIAMI FL 33144-2039</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/27/1973</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-1502847</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>PEDRE, VINCENT II 1735 S.W. 102 COURT MIAMI FL 33165</b>				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	
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 for 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		Vincent Pedre II - President		2-14-97	
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME <b>PEDRE, VINCENT II</b>					
1.3 STREET ADDRESS <b>1735 S.W. 102 COURT</b>					
1.4 CITY - ST - ZIP <b>MIAMI FL</b>					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME <b>PEDRE, ANGELA</b>					
2.3 STREET ADDRESS <b>1735 S.W. 102 COURT</b>					
2.4 CITY - ST - ZIP <b>MIAMI FL</b>					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					
14. I do 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, only if attached with an address.					
SIGNATURE:		Vincent Pedre II - President		2-14-97 (305)5595255	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)