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Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 652258 (5)
1. Corporation Name
PARAMOUNT BUILDERS, INC

Principal Place of Business Mailing Address
6175 NW 167TH STREET, UNIT G-30 11846 SW 93RD TERRACE
MIAMI FL 33015 MIAMI FL 33186-2169
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		01/15/1980		08/13/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-1970040		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		24		25	
29		30		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				10. Name and Address of New Registered Agent			
ROBELO, ARNOLDO M 11846 SW 93RD TERRACE MIAMI FL 33186				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			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PD	NAME	ROBELO, ARNOLDO M	1.1 TITLE			
STREET ADDRESS	6775 S.W. 105 CT.			1.2 NAME			
CITY-ST-ZIP	MIAMI, FL 00000			1.3 STREET ADDRESS	11846 S.W. 93rd. Terrace		
				1.4 CITY-ST-ZIP	MIAMI, FL. 33186		
TITLE	VD	NAME	ROBELO, ARNOLDO R.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	5831 SW 78TH ST.			2.2 NAME			
CITY-ST-ZIP	S. MIAMI FL			2.3 STREET ADDRESS			
				2.4 CITY-ST-ZIP			
TITLE	D	NAME	ROBELO, EDUARDO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	3853 PALMETTO AVE.			3.2 NAME			
CITY-ST-ZIP	MIAMI FL			3.3 STREET ADDRESS			
				3.4 CITY-ST-ZIP			
TITLE	D	NAME	ROBELO, MICHAEL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	9971 SW 124TH TERR			4.2 NAME			
CITY-ST-ZIP	MIAMI FL			4.3 STREET ADDRESS			
				4.4 CITY-ST-ZIP			
TITLE	T	NAME	ROBELO, IVONNE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	7176 SW 103RD CT CIRCLE			5.2 NAME			
CITY-ST-ZIP	MIAMI FL			5.3 STREET ADDRESS	11846 S.W. 93rd. Terrace		
				5.4 CITY-ST-ZIP	MIAMI, FL. 33186		
TITLE	S	NAME	ROBELO, AGNES	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	6775 SW 105TH CT.			6.2 NAME			
CITY-ST-ZIP	MIAMI FL			6.3 STREET ADDRESS	11846 S.W. 93rd. Terrace		
				6.4 CITY-ST-ZIP	MIAMI, FL. 33186		

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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARNOLDO M. ROBELO

1/20/97

(305) 828-4760

Date

Daytime Phone #

CR2E034 (9/96)