

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F27720** (4)

1. Corporation Name

PARADISE INTERNATIONAL INC.



Principal Place of Business

**1111 SW 8 ST 208
MIAMI FL 33130**

Mailing Address

**1111 SW 8 ST 208
MIAMI FL 33130**

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 25 29 30

9. Name and Address of Current Registered Agent

**RODRIGUEZ, JESUS
1111 S.W. 8TH STREET
MIAMI FL 33130**

3. Date Incorporated or Qualified

04/01/1981

3a. Date of Last Report

03/28/1995

4. FEI Number

59-2115178

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

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 607.0602 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 617.0505, Florida Statutes.

SIGNATURE

Signature of person appointed to be registered agent for the corporation

Signature of Registered Agent (signature required for change of status)

(DATE)

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE
NAME **PST
RODRIGUEZ, JESUS**
STREET ADDRESS **1111 S.W. 8TH STREET**
CITY-STATE-ZIP **MIAMI FL**
2. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
3. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
4. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
5. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
6. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP ☐ Change ☐ Addition
5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP ☐ Change ☐ Addition
9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP ☐ Change ☐ Addition
13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP ☐ Change ☐ Addition
17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP ☐ Change ☐ Addition
21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP ☐ Change ☐ Addition
25. TITLE ☐ Change ☐ Addition
26. NAME
27. STREET ADDRESS
28. CITY-STATE-ZIP ☐ Change ☐ Addition
29. TITLE ☐ Change ☐ Addition
30. NAME
31. STREET ADDRESS
32. CITY-STATE-ZIP ☐ Change ☐ Addition
33. TITLE ☐ Change ☐ Addition
34. NAME
35. STREET ADDRESS
36. CITY-STATE-ZIP ☐ Change ☐ Addition
37. TITLE ☐ Change ☐ Addition
38. NAME
39. STREET ADDRESS
40. CITY-STATE-ZIP ☐ Change ☐ Addition
41. TITLE ☐ Change ☐ Addition
42. NAME
43. STREET ADDRESS
44. CITY-STATE-ZIP ☐ Change ☐ Addition
45. TITLE ☐ Change ☐ Addition
46. NAME
47. STREET ADDRESS
48. CITY-STATE-ZIP ☐ Change ☐ Addition
49. TITLE ☐ Change ☐ Addition
50. NAME
51. STREET ADDRESS
52. CITY-STATE-ZIP ☐ Change ☐ Addition
53. TITLE ☐ Change ☐ Addition
54. NAME
55. STREET ADDRESS
56. CITY-STATE-ZIP ☐ Change ☐ Addition
57. TITLE ☐ Change ☐ Addition
58. NAME
59. STREET ADDRESS
60. CITY-STATE-ZIP ☐ Change ☐ Addition
61. TITLE ☐ Change ☐ Addition
62. NAME
63. STREET ADDRESS
64. 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

JESUS RODRIGUEZ

1/22/96

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