FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F85742** **(7)**

1. Corporation Name
PARAMOUNT VENDING, INC.

Principal Place of Business	Mailing Address
1411 S.W. 31ST AVENUE POMPANO BEACH FL 33069	1411 S.W. 31ST AVENUE POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/17/1982**
3a. Date of Last Report: **04/19/1994**

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

4. FEI Number: **59-2205524** ☐ 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

MINIACI, ALBERT J.
1411 S.W. 31ST AVENUE
POMPANO BEACH FL 33069

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 _____ DATE
Signature, Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	MINIACI, ALBERT	12 NAME	
STREET ADDRESS	1411 S.W. 31ST AVENUE	13 STREET ADDRESS	
CITY ST ZIP	POMPANO FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	MINIACI, ALFRED	22 NAME	DELETE
STREET ADDRESS	1411 S.W. 31ST AVENUE	23 STREET ADDRESS	MR. ALFRED MINIACI DECEASED
CITY ST ZIP	POMPANO BEACH FL	24 CITY ST ZIP	8/03/94.
TITLE	AS	31 TITLE	☐ Change ☐ Addition
NAME	MINIACI, FRANK	32 NAME	
STREET ADDRESS	1411 S.W. 31ST AVENUE	33 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL	34 CITY ST ZIP	
TITLE		41 TITLE	Vice President ☐ Change ☒ Addition
NAME		42 NAME	Miniaci, Dominick F.
STREET ADDRESS		43 STREET ADDRESS	821 E. Broward Blvd.
CITY ST ZIP		44 CITY ST ZIP	Fort Lauderdale, FL 33301-2064
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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: _____ President 2/08/95 (305) 978-0500
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ALBERT J. MINIACI,

0112000 CP