

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

APPROVED AND FILED pg. 1 of 2

PROFIT CORPORATION  
ANNUAL REPORT



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

98 APR 16 PM 2:16

DOCUMENT # 690333  
1. Corporation Name  
PARIS PRET INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AR 97-98



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4. FEI Number  
59-2481350  
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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

Principal Place of Business  
777 NW 72 Ave. #2J2  
Miami FL 33126  
Mailing Address  
105 OCEAN BLVD.  
GOLDEN BEACH,  
FL 33160

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

SCEMLA, CLAUDE  
105 OCEAN BLVD  
GOLDEN BEACH FL 33160

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1. SCEMLA, CLAUDE  
105 OCEAN BLVD  
GOLDEN BEACH FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2. ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
3. ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
4. ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
5. ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
6. ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
600002495346--8  
-04/21/98--01056--039

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
\*\*\*\*315.00 \*\*\*\*315.00

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

A. Alan  
4/16/98

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SCEMLA 04/15/98 (305) 245-5098