

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

FILED  
Feb 18 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # J56883 (8)  
1. Corporation Name  
PARAISO INC.



Principal Place of Business  
% STEINBERG & ASSOCIATES  
7900 RED RD. #26  
S MIAMI FL 33143  
US

Mailing Address  
7900 RED RD.  
STE 26  
SOUTH MIAMI FL 33143  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
02/12/1987

2. Principal Place of Business  
21 1121 CRANDON BLVD  
Suite, Apt. #, etc.  
22 APT 807 D  
City & State  
23 KEY BISCAVNE, FL  
Zip  
24 33149  
Country  
25  
2a. Mailing Address  
26 7700 N. KENDALL DR  
Suite, Apt. #, etc.  
27 SUITE 805  
City & State  
28 MIAMI, FL  
Zip  
29 33156  
Country  
30

4. FEI Number  
59-2768712  
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

9. Name and Address of Current Registered Agent  
BERENFELD, SPRITZER S  
7700 N. KENDALL DRIVE  
SUITE 805  
MIAMI FL 33156

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  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-installing) DATE

12. OFFICERS AND DIRECTORS  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
DE ECHAVARRIA, MARY R  
1121 CRANDON BLVD. APT. 807D  
KEY BISCAVNE FL  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
HERNANDEZ, MARIA C.  
1121 CRANDON BLVD.  
KEY BISCAVNE FL  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
Change Addition

14. I 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  
2/13/98 (305) 361-8445

CR2E034 (10/97)