SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
96 NOV -4 PM 3:06
SECRETARY OF STATE
[redacted]

DOCUMENT # L14298 (8)

1. Corporation Name
PARITOR CORP.

Principal Place of Business	Mailing Address
~~2 GROVE ISLE DRIVE~~ ~~APT 1209~~ ~~MIAMI FL 33133~~ ~~US~~	2 GROVE ISLE DRIVE APT 1209 MIAMI FL 33133 US

3. Date Incorporated or Qualified: 09/06/1989
3a. Date of Last Report: 03/10/1995

2. Principal Place of Business	2a. Mailing Address
21 c/o SANTOS, INC	26 c/o SANTOS, INC
Suite, Apt. #, etc. 22 139 N. COUNTY RD, STE 20C	Suite, Apt. #, etc. 27 139 N. COUNTY RD, STE 20C
City & State 23 PALM BEACH, FL	City & State 28 PALM BEACH, FL
Zip / Country 24 33480 / 25 U.S.	Zip / Country 29 33480 / 30 U.S.

4. FEI Number: 59-2988955 ☐ 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

~~WARNER, JONATHAN H.~~
~~100 SE 2ND ST~~
~~17TH FLR~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name: ANGELL CORPORATE SERVICES, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 250 Royal Palm Way, Ste 300
83
84 City: PALM BEACH FL 85 Zip Code: 33480

11. Pursuant to the provisions of Sections 607.0505 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] President
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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PSD~~ ~~HANSEN, JOAO~~ ~~RUA XAVANTES, 54~~ ~~JOINVILLE, BRASIL~~	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VSD MAISON, JOYCE F. 162 PERUVIAN AVENUE ~~PALM BEACH, FL 33480~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VID~~ HANSEN, FABIO ~~2 GROVE ISLE DR, #1209~~ MIAMI FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	PTD RUA XAVANTES, 54 JOINVILLE, SC - BRAZIL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	600001997[illegible] -11/06/96--01063--012 ****375.00 ****375.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	REINSTATEMENT 11/5/96	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 09/20/96 (561) 659-6131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
FABIO HANSEN - PTD