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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L76569

(7)

1. Corporation Name

PARADISE LAKES ESTATES, INC.

Principal Place of Business

4. RUE DE NEUCHATEL
CH2034 PESEUX/NEUCHATEL
SWITZERLAND

Mailing Address

4. RUE DE NEUCHATEL
CH2034 PESEUX/NEUCHATEL
SWITZERLAND

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

HOVS, GEORGE E
481, EAST HIGHWAY 50 (P. O. DRAWER 120848)
CLERMONT FL 34712-0848

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 or officer, if applicable

(Print) Registered Agent Signature (Name of Officer, if applicable)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PC	CATTARUZZA, BRUNO	4-RUE DE NEUCHATEL-CH2034 PESEUX/NEUCHATEL SWITZERLAND	
VD	CATTARUZZA, CLAUDETTE	4-RUE DE NEUCHATEL-CH2034 PESEUX/NEUCHATEL SWITZERLAND	
SD	CATTARUZZA, JEAN-MARC	4-RUE DE NEUCHATEL-CH2034 PESEUX/NEUCHATEL SWITZERLAND	
TD	CATTARUZZA, OSWALDO	22.VIA S.FOCA/SEDRANO DI SAN QUIRINO PROV. PORDENONE, ITALY	
D	CATTARUZZA, ARIANNA	22.VIA S.FOCA/SEDRANO DI SAN QUIRINO PROV. PORDENONE, ITALY	

11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY - ST - ZIP
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP
5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY - ST - ZIP
9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY - ST - ZIP
13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY - ST - ZIP
17. TITLE	18. NAME	19. STREET ADDRESS	20. CITY - ST - ZIP
21. TITLE	22. NAME	23. STREET ADDRESS	24. 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)(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

BRUNO CATTARUZZA

04.16.1996 011 (419) 825-1034

CR2E034 (12/95)