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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L76569

**(7)** 

PARADISE LAKES ESTATES, INC.

FILED
May 05 1997 8:00am
Secretary of State

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4. RUE DE NEUCHATEL 4. CH2034 PESEUX/NEUCHATEL CH		Mailing Address	Mailing Address			a substate ant communicate antico antico antico antico antico accesie accest accest and the expect and a				
		4. Rue de Neuchatel Ch2034 Peseux/Neuch Switzerland	CH2034 PESEUX/NEUCHATEL							
		· · · · · · · · · · · · · · · · · · ·				3. Date Incorporated or Qualified 05/29/1990		te of Last 4/1996	Report	
2. Principal Pl	ace of Business	2a. Mailing Address			<del></del>	4. FEI Number		1	pplied For	
21		26				59-3123179		1	lot Applicable	
Suite, Apt 22	#, etc	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·			5. Certificate of Status Desired			Additional lequired	
City & State	)	City & State				6. Election Campaign Financing		\$5.00	May Be	
23	28				Trust Fund Contribution			to Fees		
Zip	Country	Zip	Zip Country			8. This corporation has tiability for in				
24	25	29	30		····	Florida Statutes Yes No				
	9. Name and Address of Co	rrent Registered Agent			<del></del>	10. Name and Address of New Reg	istered /	\gent		
	s, george e		8	11	Name					
481, EAST HIGHWAY 50 (P. O. DRAWER 120848) CLERMONT FL 34712-0848			8	2	Street Addr	Address (P.O. Box Number is Not Acceptable)				
<b>-</b>			8	3			1			
			ā	14	City			os Zin	Code	
			•	7	City		FL	85 Zip	Code	
11. Pursuant to office or read agent. Far	to the provisions of Sections 607 egistered agent, or both, in the 9 m familiar with, and accept the c	.0502 and 607 1508, Florida Sta State of Florida. Such change wa obligations of, Section 607.0505,	itutes, the abo as authorized I Florida Statut	by les.	-named corp the corporat	ocration submits this statement for the pi lion's board of directors. I hereby accep	irpose of t the app	changing ointment a	its registered s registered	
SIGNATURE										
	Stgriature, typed or printed name of registion			gen	it signature requir	red when reinstating)	DATE			
12.		S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	PC	☐ DELETE	1.1 T(TL)	E				Change	Addition	
NAME	CATTARUZZA, BRUNO	000 4 DEGELIVATELIGITATEL	1.2 NAM	lΕ						
STREET ADDRESS	4-RUE DE NEUCHATEL-CH	2034 PESEUNNEUCHATEL	1.3 STAE	ET /	address					
CITY - ST - ZIP	SWITZERLAND		1.4 CITY		- ZIP			<del>pur i </del>		
TITLE	VD	☐ DELETE	2.1 TiTLE	E				Change	Addition	
NAME	CATTARUZZA, CLAUDETTE		2.2 NAM	IE						
STREET ADDRESS	4-RUE DE NEUCHATEL-CH	2034 PESEUX/NEUCHATEL	2.3 STRE	EET A	ADDRESS					
Erty-St-7iP	SWITZERLAND		2. 4 City	V- \$1	T-ZIP					
TITLE	\$0	DELETE	3.1 TITLE	E		·	<b>1,4</b> ;	Change	Addition	
NAME	CATTARUZZA, JEAN-MARC		3.2 NAM	IE						
STREET ADDRESS	4-RUE DE NEUCHATEL-CH	2034 PESEUX/NEUCHATEL	3.3 STRE	EET A	ADDRESS					
CITY-ST-ZIP	SWITZERLAND		3.4. C(T)	Y-\$1	T-ZIP					
TITLE	10	☐ DELETE	4.1 TITLE	Ę				☐ Change	Addition	
NAME	CATTARUZZA, OSWALDO		4. 2 NAM	ΛE						
STREET ADDRESS	22.VIA S.FOCA/SEDRANO		4.3 \$TRE	EET A	ADDRESS					
CITY - ST - ZIP	PROV. PORDENONE, ITALY		4.4 CITY	-ST	í-ZIP					
TITLE	D	DELETE	5.1 TITLE	E				Change	Addition	
NAME	CATTARUZZA, ARIANNA		5.2 NAM	IE.						
STREET ADDRESS	22.VIA S.FOCA/SEDRANO		5.3 STRE	EET A	ADDRESS					
CITY-ST-ZIP	PROV. PORDENONE, ITALY	!	5.4 CITY	'-ST	(-ZIP					
TITLE		☐ DELETE	6.1 TITLE	_				☐ Change	Addition	
NAME			6.2 NAM	Œ						
STHEFT ADDRESS			6.3 STRE	EET /	ADDRESS					
CITY-S1-ZIP			6.4 CITY		1					
	w cortify that the information cur	anlied with this filing does not a				d in Section 119 07/3Vi\ Florida Statutos	Ifurther	cortify the	t the	

14. 1 do 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: BRUNG CATTARYZZA PRESIDENT AND CHARMAN OF THE BOARD 19 APRIL 1997 011 (419) 2725-1034