

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

FILED  
May 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/29/1990	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3123179		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
HOVIS, GEORGE E  
481, EAST HIGHWAY 50 (P. O. DRAWER 120848)  
CLERMONT FL 34712-0848

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 \_\_\_\_\_ (NOT: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATTARUZZA, BRUNO	1.2 NAME	
STREET ADDRESS	4-RUE DE NEUCHATEL-CH2034 PESEUX/NEUCHATEL	1.3 STREET ADDRESS	
CITY-ST-ZIP	SWITZERLAND	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATTARUZZA, CLAUDETTE	2.2 NAME	
STREET ADDRESS	4-RUE DE NEUCHATEL-CH2034 PESEUX/NEUCHATEL	2.3 STREET ADDRESS	
CITY-ST-ZIP	SWITZERLAND	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATTARUZZA, JEAN-MARC	3.2 NAME	
STREET ADDRESS	4-RUE DE NEUCHATEL-CH2034 PESEUX/NEUCHATEL	3.3 STREET ADDRESS	
CITY-ST-ZIP	SWITZERLAND	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATTARUZZA, OSWALDO	4.2 NAME	
STREET ADDRESS	22.VIA S.FOCA/SEDRANO DI SAN QUIRINO	4.3 STREET ADDRESS	
CITY-ST-ZIP	PROV. PORDENONE, ITALY	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATTARUZZA, ARIANNA	5.2 NAME	
STREET ADDRESS	22.VIA S.FOCA/SEDRANO DI SAN QUIRINO	5.3 STREET ADDRESS	
CITY-ST-ZIP	PROV. PORDENONE, ITALY	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 change or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)