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May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90123 008 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L76569

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1990

4. FEI Number

59-3123179

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PC ☐ DELETE  
NAME CATTARUZZA, BRUNO  
STREET ADDRESS 4-RUE DE NEUCHATEL-CH2034 PESEUX/NEUCHATEL  
CITY-ST-ZIP SWITZERLAND

TITLE VD ☐ DELETE  
NAME CATTARUZZA, CLAUDETTE  
STREET ADDRESS 4-RUE DE NEUCHATEL-CH2034 PESEUX/NEUCHATEL  
CITY-ST-ZIP SWITZERLAND

TITLE SD ☐ DELETE  
NAME CATTARUZZA, JEAN-MARC  
STREET ADDRESS 4-RUE DE NEUCHATEL-CH2034 PESEUX/NEUCHATEL  
CITY-ST-ZIP SWITZERLAND

TITLE TD ☐ DELETE  
NAME CATTARUZZA, OSWALDO  
STREET ADDRESS 22.VIA S.FOCA/SEDRANO DI SAN QUIRINO  
CITY-ST-ZIP PROV. PORDENONE, ITALY

TITLE D ☐ DELETE  
NAME CATTARUZZA, ARIANNA  
STREET ADDRESS 22.VIA S.FOCA/SEDRANO DI SAN QUIRINO  
CITY-ST-ZIP PROV. PORDENONE, ITALY

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 APRIL 1999 011(413)  
725-1034  
Daytime Phone #