FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P92000002377 (9)**

1. Corporation Name

PARAMOUNT NORTH, INC.

Principal Place of Business

251 ROYAL PALM WAY
SIXTH FLOOR
PALM BEACH FL 33480

Mailing Address

CALLAS & SCHILLING
251 ROYAL PALM WAY #602
PALM BEACH FL 33480
US

2. Principal Place of Business
21
Street, Apt. #, etc.
22
City, & State
23
Zip 24 Country 25

2a. Mailing Address
26
Street, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 10/29/1992

3a. Date of Last Report: 01/20/1995

4. FEI Number: 65-0364936 — 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

DE MENDOZA, MARIO G III
MENDOZA, CALLAS & SCHILLING
251 ROYAL PALM WAY
PALM BEACH FL 33480

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 607.0505 and 607.0508, 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 DATE

12 OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MENDOZA, MARIO G	12 NAME	
STREET ADDRESS	251 ROYAL PALM WAY	13 STREET ADDRESS	
CITY, ST, ZIP	PALM BEACH FL 33480	14 CITY, ST, ZIP	
TITLE	PST ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	MENDOZA, MARIO G DE,III	22 NAME	
STREET ADDRESS	251 ROYAL PALM WAY	23 STREET ADDRESS	
CITY, ST, ZIP	PALM BEACH FL	24 CITY, ST, ZIP	
TITLE	AS ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	WILKINSON, DEBRA	32 NAME	
STREET ADDRESS	251 ROYAL PALM WAY	33 STREET ADDRESS	
CITY, ST, ZIP	PALM BEACH FL	34 CITY, ST, ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is accurate, 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 Blocks 12 or Blocks 13 if changed, or an attachment with an address.

SIGNATURE: DMendoza III — 2/7/96 — (407) 659-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mario G. de Mendoza, III, President

Date — Daytime Phone #

CR2E034 (12/95)