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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

\$andra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300004102 (8)

PARAGON EXPORT & CARGO, INC.

FILED
May 06 1997 8:00am
Secretary of State



10/05

| Principal Place of Business | usiness Mailing Address | | | T 18811801 118 (0100 1131) 00111 88(1) 00111 00111 00111 00111 01013 01013 01013 01013 01013 | |
|---|---------------------------------------|----------------------|-----------------------------------|--|--|
| 600 NE 36 STREET | 9010 SW 137TH AVE | | | | |
| 9UTE-1417 MAM: 7L-80107 | SUITE 113 Miami FL 33188-1437 | | | | |
| US | MINMI FL 3310011437 | | 3. Date Incorporated or Qualified | | |
| 2. Principal Place of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| 21 2168 N.W. 82 Avenue | 26 | | | 65-0431487 | Not Applicable |
| Sulte, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | 27 | | | | Fee Required |
| City & State | City & State | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip Country | 28 Zip | Country | <u> </u> | 8. This corporation has liability for | |
| 24 33122 25 USA | 29 30 | | | | X Yes No |
| 9. Name and Address of Curre | | <u> </u> | | 10. Name and Address of New R | egistered Agent |
| IREGUI, HERNANDO | | 81 | Name | | |
| 600 NE-00 STREET | | 82 | Street A | Address (P.O. Box Number is Not Accepta | hlel |
| 8UITE-1417- | | " | 21 | 68 N.W. 82 Avenue | |
| MIAMI FL-60107 | | 83 | | | |
| () | | RA | City | | 85 Zip Code |
| /) | | | MT. | AMI | FL 33122 |
| 11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, it the Sta agent. I am tamplier with, and accept the obt | 502 and 607.1508, Florida Statutes | , the abov | e-named o | corporation submits this statement for the | purpose of changing its registered |
| agent. I am lamiliar with, and accept the obl | igations of, Section 607.0505, Florid | da Statute | y ma corp s. | pration's board of directors. Thereby acce | pt the appointment as registored |
| SIGNATURE MOREMOND | | | | | |
| Signature, typed or printed name of registered a | | | ent signature I | required when reinstating) | DATE |
| | ND DIRECTORS DELETE | 18. | | ADDITIONS/CHANGES TO OFFI | CEHS AND DIRECTORS IN 12 Addition |
| IDEALS LIEDLINGA | Dreet of | 1.1 TITLE | | | M change FT Mannon |
| AND NE AN OTDEET | | 1.P NAME | | 24/0 # # 02 4 | |
| ANALU EL -00407- | | | T ADDRESS | 2168 N. W. 82 Avenu | ie |
| CITY-ST-ZIP MILAMI T L 30 101 | DELETE | 14 CITY- 21 TITLE | ST- ZIP | Miami, Fl., 33122 | Change Addition |
| NAME | | 22 NAME | ŀ | | |
| STREET ADDRESS | | | T ADDRESS | | |
| | • | 2.4 CITY- | • | | |
| CITY-ST-ZIP TITLE | DELETE | 3.1 TITLE | 01-211 | | Change Addition |
| NAME | _ | 3.2 NAME | | | |
| STREET ADDRESS | | i . | TADDRESS | | |
| CITY-ST-ZIP | | 3.4 CITY- | 1 | | |
| TITLE | ☐ DELETE | 4.1 TITLE | | | Change Addition |
| NAME | | 4. 2 NAME | : | | |
| STREET ADDRESS | | 4.3 STREE | 1 ADORESS | | |
| CHTY-ST-ZIP | | 4.4 CHY- | \$1- <i>Z</i> (P | | |
| TITLE | DELFTE | 5.1 TITLE | | | Change Addition |
| NAME | | 5.2 NAME | | | |
| STREET ADDRESS | | 5.3 STREE | 1 Address | | |
| CITY-ST-ZIP | | 5,4 CITY- | ST-ZIP | | |
| TITLE | ☐ DELETE | 6.1 TITLE | | | Change Addition |
| NAME | | 6.2 NAME | | | |
| STREET ADDRESS | | 6.3 STREE | t address | | |
| CITY-ST-ZIP | | 64 CITY- | | | |
| I do hereby certify that the information supp information indicated on this annual report of | ir cumplomental annual report is trui | e and acc | turate and | that my signature shall have the same led | nal effect as if made under oath: that |
| l am an officer or director of the dorporation appears in Block 12 or Block 13 if changed. | or the receiver or trustee empower | red to exe | cute this r | eport as required by Chapter 607, Florida | Statutes; and that my name |
| appears in Block 12 or Block 13 it changed, | , or on an attachment with an addre | es s . | | | |