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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000024980 (3)**

1. Corporation Name

PARIS TRADING IMP. & EXP., INC.



Principal Place of Business

Mailing Address

**6516 CARRIER DRIVE
ORLANDO FL 32819**

**6516 CARRIER DRIVE
ORLANDO FL 32819**

2. Principal Place of Business

2a. Mailing Address

21 **6516 Carrier Drive**

26 **6516 Carrier Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Orlando, Florida**

28 **Orlando, Florida**

Zip

Country

Zip

Country

24 **32819**

25 **USA**

29 **32819**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MACDANIEL, JOHN
TWO S BISCAYNE BLVD
SUITE 3780
MIAMI FL 33131**

81 Name

MARCUS F. LIMA

82 Street Address (P.O. Box Number is Not Acceptable)

9132 GALLON CT

83

84 City

ORLANDO

FL

85 Zip Code

32819

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 **MARCUS F. LIMA** *Marcus F. Lima*

(Signature, typed or printed name of registered agent, and date if applicable)

(NOTE: Registered Agent signature required when resending)

03-26-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PTS**
STREET ADDRESS **LIMA, MARCUS**
CITY- ST- ZIP **6516 CARRIER DR
ORLANDO FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(d), 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: **MARCUS F. LIMA**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

03-26-96 407-363-7333

DATE

Daytime Phone #

CR2E034 (12/95)