FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

P93000043034 (6)

DOCUMENT #

1. Corporation Name

PARAI	DISE PROPERTIES FINANC	IAL C	ORP.									
Principal Place of Business Mailing Address									* (05/(05) *12 10/05 1/1/1 05/11 0		***********	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				NORTHEAST 32ND COURT THOUSE POINT FL 33064-8181								
								3.	Date Incorporated or Qualified 06/14/1993		e of Last Re 04/20/1 9	
2. Principal Place of Business			28. Mailing Address					4.	FEI Number 65-0418627			Applied For
Cuite Apt H etc			Suite, Apt. #, etc.					-	03 04 10021	 		Not Applicable Additional
Suite, Apt. #, etc.			27					5.	Certificate of Status Desired	Z		Required
City & State			City & State					1	Election Campaign Financing			O May Be
23		28						 	Trust Fund Contribution			d to Fees
Zip	Country	1	Zip	30	ountry			8.	This corporation has liability for Florida Statutes	intangibie t No	ax under s	199.032,
24	25 9 Name and Address of Curren	29 t Regist	ered Agent	30	T			10.	Name and Address of New		Agent	
g, rante and Address of Carrent Hagistated Agent						Nar	ne	,,,,				
ROMANO, FELIPE					82	Stre	et Addres	ss (P.	ss (P.C. Box Number is Not Acceptable)			
2420 NORTHEAST 32ND COURT					83							
LIGHT	IOUSE POINT FL 33064-8181				63							
					84	City				Fi	_ 85 Zr	p Code
or registere	o the provisions of Sections 607.0502 of agent, or both, in the State of Florion, and accept the obligations of, Secti	da. Such	change was authorized	s, the at d by the	oove-r corp	named	l corpora n's board	tion s of di	submits this statement for the puliforctors. I hereby accept the app	irpose of ch pointment as	anging its registered	registered office I agent. I am
SIGNATURE _		and title if a	colombia (NOT)	E Dina	and Anna	at riacat	ire required (ution re	oinst tinul	DATE		
12.	Signature, typed or printed name of registered agent OFFICERS ANI			13		ii sigi kii	ine required t		ADDITIONS/CHANGES TO OF		D DIRECTO	ORS IN 12
TITLE	PD		DELETE		TITLE		1				☐ Change	Addition
NAME	ROMANO, FELIPE			1.2	NAME							
STREET ADDRESS	2420 NORTHEAST 32ND C			1.3	STREET	T ADDRE	ss					
CITY-ST-ZIP	LIGHTHOUSE PT. FL 33064	<u> </u>		14	CITY-S	ST - 71P						
TIFLE	STD		DELELE	2 '	TITLE						Change	Addition
NAME	ROMANO, ANNETTE N			22	NAME							
STREET ADDRESS	2420 NORTHEAST 32ND C			23	STREET	T ADDRÉ	SS					
CITY-ST-ZIP	LIGHTHOUSE PT. FL 33064	<u> </u>			CITY+S	ST - ZIP						
THE			☐ DELETE		TITLE						Change	☐ Addition
NAME					NAME							
STREET ADDRESS						T ADDR	ESS					
CITY S1 - ZIP			DELETE	_	CITY - S	ST-ZIP					Change	Addition
TITLE					NAME		ļ				[] Guargo	
NAME						I ADDRE	ee					
STREFT ADDRESS					CITY-S		33					
CITY-ST-ZIP TITLE			DELETE		1 TITLE	31-71					Change	Addition
NAME					NAME							_
STREET ADDRESS						I ADORE	.ss					
CITY-ST-ZIP					CITY-S							
TITLE			DELETE		1 TITLE						☐ Change	Addition
NAME				6.2	NAME							
STREET ADDRESS				63	STREET	t addri	ss					
CITY - ST - ZIP					CITY-S							
11 Ldo borob	cortify that the information supplied	with this	filing is voluntarily furni-	shed ar	id doe	es not	qualify fo	r the	exemption stated in Section 11	9.07(3)(k), F	lorida Statu	ites. I further

I do hereby certify that the information supplied with this tiling is voluntarily turnished 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 cath; 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.

SIGNATURES

4- 15-96 (954) 941-4202

CR2E034 (12/95)