

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000653395

1. Corporation Name

PARADISE EXIMPORT, INC.

Principal Place of Business

Mailing Address

same AS
Place of business

1700 N. DIXIE HWY #133
BOCA RATON, FL 33432

3. Date Incorporated or Qualified

7-30-1993

3a. Date of Last Report

1-13-95

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0425851

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Hely Perez
18555 Oceanmist Dr.
Boca Raton, FL 33498

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 607.0503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. This 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, the provisions of Sections 607.0502 and 607.0503, Florida Statutes.

SIGNATURE

Signature of person or persons authorized to sign on behalf of the corporation

Signature of Registered Agent or person authorized to sign on behalf of the agent

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
OP	Hely Perez	18555 Oceanmist Dr.	Boca Raton, FL 33498	☐
DVS	Aura Perez	18555 Oceanmist Dr.	Boca Raton, FL 33498	☐
				☐
				☐
				☐
				☐
				☐

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. ☐ Change ☐ Addition
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	☐ Change ☐ Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	☐ Change ☐ Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	☐ Change ☐ Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	☐ Change ☐ Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	☐ Change ☐ Addition

100001927691
-08/20/96--01169--023
***225.00

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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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 attached sheet with the address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hely Perez

8-8-96 407-394-0839

Date

Daytime Phone #

CR2E034 (12/95)