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Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000054146 (4)
1. Corporation Name:
PARAGON SERVICES GROUP, INC.



Principal Place of Business: 9945 SW 223 TERR, SUITE-070, MIAMI FL 33190, US
Mailing Address: 9945 S.W. 223 TERRACE, MIAMI FL 33180-1551

3. Date Incorporated or Qualified: 07/28/1993
3a. Date of Last Report: 07/15/1996

21. Principal Place of Business: 9945 SW 223 Terr, Suite, Apt #, etc.

26. Mailing Address: Suite, Apt #, etc.

4. FEI Number: 65-0441415
Applied For: Not Applicable

22. City & State: MIAMI, FL

27. City & State:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23. Zip: 33190, Country: US

28. Zip: , Country:

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24. , 25. US

29. , 30.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BELL, JEANNE
9945 S.W. 223 TERRACE
MIAMI FL 33190

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: MIAMI, FL 85 Zip Code

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: _____ DATE: _____
Signature: typed or printed name of registered agent and FEI if applicable. (NOTE: Registered Agent signature required when reinstating)

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETED checkbox. Rows include DP BELL, TERRY S and SD BELL, JEANNE.

Table with 5 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, and Change/Addition checkboxes. Rows 1-6.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jeanne Bell 3/17/97 305-232-7580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)