

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000077491 (7)

1. Corporation Name

SOCA PARADISE OF SOUTH FLORIDA, INC.

Principal Place of Business

3345 CLEVELAND ST.
HOLLYWOOD FL 33021

Mailing Address

3345 CLEVELAND ST.
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/04/1993

3a. Date of Last Report
04/07/1994

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business

21. 3345 CLEVELAND STREET

Suite, Apt. #, etc.

22. P.H.

City & State

23. HOLLYWOOD, FLORIDA

Zip

24. 33021

Country

25. BROWARD

2a. Mailing Address

26. 3345 CLEVELAND ST.

Suite, Apt. #, etc.

27. P.H.

City & State

28. HOLLYWOOD, FLORIDA

Zip

29. 33021

Country

30. BROWARD

9. Name and Address of Current Registered Agent

MAKHANLALL, ROY H
3345 CLEVELAND ST.
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

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 607.1508, 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

Signature of Registered Agent (if not the same as the corporation's officer or director)

Signature of Registered Agent (if not the same as the corporation's officer or director)

Date

12. OFFICERS AND DIRECTORS

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

D
MAKHANLALL, ROY H
3345 CLEVELAND ST.
HOLLYWOOD FL 33021

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

D
MAKHANLALL, BHAGVATEE
3345 CLEVELAND ST.
HOLLYWOOD FL 33021

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(5)(b), 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. 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 of this report or on an attachment with an address.

SIGNATURE:

Roy H. Makhall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROY H. MAKHANLALL

4/15/95

(30) 2820514

Date

Telephone