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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000083431 (5)

1. Corporation Name

PARADISE PRESS, INC.

Principal Place of Business

12956 S.W. 133RD CT.  
MIAMI FL 33186

Mailing Address

12956 S.W. 133RD CT.  
MIAMI FL 33186



2. Principal Place of Business

21 8551 W. SUNRISE BLVD

2a. Mailing Address

26 8551 W. SUNRISE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 302

27 SUITE 302

City & State

City & State

23 PLANTATION, FL

28 PLANTATION, FL

Zip

Zip

Country

Country

24 33322

25 USA

29 33322

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INFELD & SIMON  
5801 BISCAYNE BLVD  
MIAMI FL 33137

81 Name SIMON & GOLDWEITZ  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 12380 SW 82 AVE  
84 City MIAMI FL 85 Zip Code 33156

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

*David Goldweitz* COA

DAVID GOLDWEITZ

4/24/96

Signature, typed or printed name of registered agent and the date

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME SCHEAR, SCOTT  
STREET ADDRESS 12956 S.W. 133RD CT.  
CITY-ST-ZIP MIAMI FL 33186

1 TITLE P/D  
12 NAME SCOTT SCHEAR  
13 STREET ADDRESS 8551 W. SUNRISE BLVD #302  
14 CITY-ST-ZIP PLANTATION, FL 33322

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2 TITLE S  
22 NAME JULIE SCHEAR  
23 STREET ADDRESS 8551 W. SUNRISE BLVD #302  
24 CITY-ST-ZIP PLANTATION, FL 33322

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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)(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 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:

*Scott Schear* SCOTT SCHEAR

4/23/96

954-476-5900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)