## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P94000009609 (6)

PARAMOUNT ACQUISITION, INC.

Mailing Address
P.O. BOX 403303

**FILED** Jul 13 1998 8:00am Secretary of State

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		P.O. BOX 403303 MIAMI BEACH FL 33140			DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified 02/07/1994	
2. Principal Place of Business 2a. Mailing Addr					4. FEI Number	Applied For
21 26					65-0465973	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u> </u>		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zìp 24	Country 25	Zip 29	Count	ту	<ol> <li>This corporation owes or has paid the cu Personal Property Tax due June 30.</li> </ol>	rrent year Intangible Yes No
	9. Name and Address of Curr				10. Name and Address of New Registered	Agent
PO!	ST, JOSH		8	1 Name		
4141 NAUTILUS DRIVE MIAMI BEACH FL 33140				2 Street Add	Iress (P.O. Box Number is Not Acceptable)	
1,147			8	3		•
	•		8	4 City	FL	85 Zip Code
office or re	to <b>the</b> provisions of Sections 607.0 eg <b>ist</b> ered agent, or both, in the Sta m <b>fa</b> miliar with, and accept the ob	ate of Florida. Such change was	authorized	by the corpora	poration submits this statement for the purpose oution's board of directors. I hereby accept the applications are supported to the purpose of	f changing its registered
SIGNATURE	Signature, typed or printed name of registered	Bio	TE Posistared /	pout o graturo roo e	ired when reinstating) DATE	
12.		AND DIRECTORS	13.	gen s grature requ	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	D	DELETE	1.1 11111			☐ Change ☐ Addition
NAME	POST, JOSH		1.2 NAM	E		
STREET ADDRESS	4141 NAUTILUS DRIVE		1,3 STRE	ET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY	- ST - ZIP		
TITLE		DELETE	21 THTU			Change Addition
NAME			2.2 NAM	Ē		
STREET ADDRESS			2.3 STRE	ET ADDRESS		
CITY-ST-ZIP		T prieve		'-ST-ZIP		The same
TITLE		☐ DELETE	3 1 TITLI			Change Addition
NAME			3 2 NAM	ì		
STREET ADDRESS				E1 ADDRESS		
CITY-ST-ZIP	-	DELETE	4.1 TiTLE	'-ST-ZIP		Change Addition
TITLE NAME		C) beter	4. 2 NAN			
STREET ADDRESS				FT ADDRESS		
CITY-SF-ZIP			4.4 CITY			
TITLE		DELETE	5.1 TITLE			Change Addition
NAME		_	5.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				- ST - ZIP		
TITLE		☐ DELETE	61 TITLI	- 1		☐ Change ☐ Addition
NAME			6.2 NAM	Ε	6000025882 <sup>-</sup> -07/14/98010500	46 😿 🗎
STREET ADDRESS	- € -		6.3 STRE	ET ADDRESS	-07/14/98010500	19 p 1/19
CITY-\$1.7IP	±		6.4 C(TY	- ST - 7IP	***150.00	•

14. Thereby 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.

Aco DV