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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000017676 (5)

1. Corporation Name

PAX VILLA FLORIDA, INC.



Principal Place of Business

770 NW 119TH ST  
MIAMI FL 33168  
US

Mailing Address

40 N.E. 54TH STREET  
MIAMI FL 33137

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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 Marie C. Desir)

MARIE C. DESIR (AGENT)

2-28-96

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME ST AMAND, FRED  
STREET ADDRESS 1000 CHANNING BLVD 40 N.E. 54 ST  
CITY-ST-ZIP MIAMI FL 33137

TITLE VP  
NAME ST AMAND, FRED  
STREET ADDRESS 2350 NE 135TH ST 1504  
CITY-ST-ZIP MIAMI FL

TITLE S  
NAME RULAN, BOB  
STREET ADDRESS 2350 NE 135TH ST 601  
CITY-ST-ZIP MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME ST. AMAND, FRED  
1.3 STREET ADDRESS 40 NE 54 ST. 15R  
1.4 CITY-ST-ZIP MIAMI, FL 33137

2.1 TITLE VP  
2.2 NAME ST. AMAND, FRED JR.  
2.3 STREET ADDRESS 2350 NE 135TH ST #1504  
2.4 CITY-ST-ZIP MIAMI, FL 33161

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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:

(Signature of Fred P. Amand)

2-28-96 (305-758-7042)

DATE

Daytime Phone

CR2E034 (12/95)