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 APR 26 AM 7:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000021194 (3)**

1. Corporation Name
PAULCO HOLDINGS, INC.

Principal Place of Business
[redacted]

Mailing Address
2875 N.E. 191ST STREET, SUITE 404
N. MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/18/1994
3a. Date of Last Report:

2. Principal Place of Business: 21 12 Goldfinch Court
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
Suite, Apt. #, etc.: 27
City & State: 23 Willowdale, Ontario
City & State: 28
Zip: 24 M2R2C3
Country: 25 Canada
Zip: 29
Country: 30

4. FEI Number: 65-0482753 — 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

9. Name and Address of Current Registered Agent
REINHARD, SANFORD N
2875 N.E. 191ST STREET, SUITE 404
N. MIAMI BEACH FL 33180

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	[redacted]	1.1 TITLE	☐ Change ☐ Addition
NAME	[redacted]	1.2 NAME	
STREET ADDRESS	[redacted]	1.3 STREET ADDRESS	
CITY-ST-ZIP	[redacted]	1.4 CITY-ST-ZIP	
TITLE	President / Director	2.1 TITLE	☐ Change ☐ Addition
NAME	Isadore Goldlist	2.2 NAME	
STREET ADDRESS	12 Goldfinch Court	2.3 STREET ADDRESS	
CITY-ST-ZIP	Willowdale, Ontario, Canada M2R2C3	2.4 CITY-ST-ZIP	
TITLE	Director / Treasurer	3.1 TITLE	☐ Change ☐ Addition
NAME	Harry Goldlist	3.2 NAME	
STREET ADDRESS	12 Goldfinch Court	3.3 STREET ADDRESS	
CITY-ST-ZIP	Willowdale, Ontario, Canada M2R2C3	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 110.07(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: _____ April 3, 1995 (305) 932-7555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0197840 CP