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Mar 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000026270 (6)

1. Corporation Name  
PARAGON INTERNATIONAL, CORP.



Principal Place of Business

245 S.E. 1ST ST.  
SUITE#412  
MIAMI FL 33131  
US

Mailing Address

245 S.E. 1ST ST.  
SUITE#412  
MIAMI FL 33131-1905  
US

3. Date Incorporated or Qualified  
04/06/1994

3a. Date of Last Report  
02/02/1996

2. Principal Place of Business

21 | State, Apt. #, etc.

22 | City & State

23 | Zip | Country

24 | 25 |

2a. Mailing Address

26 | State, Apt. #, etc.

27 | City & State

28 | Zip | Country

29 | 30 |

4. FEI Number  
65-0479811

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

BORGES, ADRIANO M-  
8010 WEST DRIVE #281-  
APT. D610  
NORTH BAY VILLAGE FL 33141

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

ARIOSTON FRANÇA  
9207 SW 1474  
MIAMI FL 33186

11. Pursuant to the provisions of Sections 607.012 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent for 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 filing with this report the resignation of Adriano Borges, Section 607.0505, Florida Statutes.

SIGNATURE: Adriano Borges (Signature) (Printed Name) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PTD	BORGES, ADRIANO M	245 S.E. 1ST ST. SUITE#412	MIAMI FL	<input type="checkbox"/> DELETE			
VSD	MENONCA, DANIELLE S	245 S.E. 1ST STREET, SUITE#412	MIAMI FL	<input type="checkbox"/> DELETE			
				<input type="checkbox"/> DELETE			
				<input type="checkbox"/> DELETE			
				<input type="checkbox"/> DELETE			
				<input type="checkbox"/> DELETE			
				<input type="checkbox"/> DELETE			
				<input type="checkbox"/> DELETE			
				<input type="checkbox"/> DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PTD	ARIOSTON FRANÇA	245 SE 1ST ST	MIAMI FL 33131	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VSD	MARILANDE C. FRANÇA	245 SE 1ST ST	MIAMI FL 33131	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby 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 included 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 on Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Adriano Borges (Signature) (Printed Name) DATE: \_\_\_\_\_

03.17.97 (205) 3736211