

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Mathison Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000037151 (5)

To: Corporation Name
PARADS, INC.

Principal Place of Business 1500 N.W. 77TH WAY PEMBROKE PINES FL 33024	Mailing Address 1500 N.W. 77TH WAY PEMBROKE PINES FL 33024
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2. Foreign Corporation Registered	2a. Mailing Address
21. State of Incorporation	26. State, Apt. #, etc.
22. Date of Incorporation	27. City & State
23. Date of Report	28. City
24. Date of Report	29. City
25. Date of Report	30. City

APPROVED AND FILED

MAY -1 AM 8:11

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification	3a. Date of Last Report
05/13/1994	
4. FFI Number	Applied For
65-0487905	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
6. This corporation is subject to intangible tax under S. 199.032, Florida Statutes.	☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**SVERIO, E
 2009 S.W. 98TH TERRACE
 MIRAMAR FL 33025**

10. Name and Address of New Registered Agent

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

11. If the corporation has previously filed reports under Sections 607.0501 and 607.1908, Florida Statutes, the above named corporation certifies the 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, thereby accept the appointment as registered agent. I am further authorized to accept the appointments of Sections 607.0505, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PD GOMES, ALBERT J 1500 N.W. 77TH WAY PEMBROKE PINES FL 33024	1. NAME	☐ Change ☐ Addition
NAME	STD GOMES, SADIE 1500 N.W. 77TH WAY PEMBROKE PINES FL 33024	2. NAME	☐ Change ☐ Addition
NAME		3. NAME	☐ Change ☐ Addition
NAME		4. NAME	☐ Change ☐ Addition
NAME		5. NAME	☐ Change ☐ Addition
NAME		6. NAME	☐ Change ☐ Addition
NAME		7. NAME	☐ Change ☐ Addition
NAME		8. NAME	☐ Change ☐ Addition
NAME		9. NAME	☐ Change ☐ Addition
NAME		10. NAME	☐ Change ☐ Addition
NAME		11. NAME	☐ Change ☐ Addition
NAME		12. NAME	☐ Change ☐ Addition
NAME		13. NAME	☐ Change ☐ Addition
NAME		14. NAME	☐ Change ☐ Addition
NAME		15. NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(5)(b), Florida Statutes. I further certify that the statements 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 this corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Albert Gomes* **4/30/95 205-435-9480**

WITNESS AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR