

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

FILED

Jan 28 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 # P94000060702 (5)

1. Corporation Name

SILKS OF PARADISE, INC.

Principal Place of Business

7580 SOUTHGATE BLVD.
NORTH LAUDERDALE FL

Mailing Address

C/O AMISTAR ACCOUNTING
P.O. BOX 15935
PLANTATION FL 33318-5935
US

3. Date Incorporated or Qualified

08/12/1994

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 2900 W. Sample Rd

Suite, Apt. #, etc.

22 #2329

City & State

23 Pompano Beach, FL

Zip

24 33064

Country

25 U.S.A.

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 City & State

29 Zip

30 Country

31 Country

32 Country

33 Country

34 Country

35 Country

36 Country

37 Country

38 Country

39 Country

40 Country

41 Country

42 Country

43 Country

44 Country

45 Country

46 Country

47 Country

48 Country

49 Country

50 Country

51 Country

52 Country

53 Country

54 Country

55 Country

56 Country

57 Country

58 Country

59 Country

60 Country

61 Country

62 Country

63 Country

64 Country

65 Country

66 Country

67 Country

68 Country

69 Country

70 Country

71 Country

72 Country

73 Country

74 Country

75 Country

76 Country

77 Country

78 Country

79 Country

80 Country

81 Country

82 Country

83 Country

84 Country

4. FEI Number

65-0516469

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

7. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

PESTANO, MARITZA
7340 N W 10TH PLACE
PLANTATION FL 33313

10. Name and Address of New Registered Agent

81 Name

TONY PESTANO

82 Street Address (P.O. Box Number is Not Acceptable)

7400 NW 9 ST

83

84 City

PLANTATION

FL

85 Zip Code

33317

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

Carolyn P. P. P.

TONY PESTANO

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME MOLINARI, MARCELLO
STREET ADDRESS 3961 N.W. 87TH AVENUE
CITY-ST-ZIP SUNRISE FL 33351

TITLE ☐ DELETE

D
NAME MOLINARI, STACIE
STREET ADDRESS 3961 N.W. 87TH AVENUE
CITY-ST-ZIP SUNRISE FL 33351

TITLE ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 ☒ Change ☐ Addition

1.2 NAME DP

1.3 STREET ADDRESS MOLINARI, MARCELLO

1.4 CITY-ST-ZIP 10217 NW 80 DR.

1.5 CITY-ST-ZIP TAMARAC FL 33321

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME DVP

2.3 STREET ADDRESS MOLINARI, STACIE

2.4 CITY-ST-ZIP 10217 NW 80 DR.

2.5 CITY-ST-ZIP TAMARAC FL 33321

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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:

Marcello Molinari

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0270580

CR2E034 (9/96)