FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # **P94000070813 (8)**

1. Corporation Name
FIRST PARAGON SOUTH AMERICA, INC.

Principal Place of Business	Mailing Address
TWO S BISCAYNE BLVD ONE BISCAYNE TOWER SUITE 3400 MIAMI FL 33131	TWO S BISCAYNE BLVD ONE BISCAYNE TOWER SUITE 3400 MIAMI FL 33131

3. Date Incorporated or Qualified: 09/26/1994
3a. Date of Last Report: 04/17/1995
4. FEI Number: 65-0531741 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 3405B NW 72 AVE.	26 P. O. BOX 528042
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip 24 33122 — Country 25 USA	Zip 29 33152-8042 — Country 30 USA

9. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES INC
TWO S BISCAYNE BLVD
ONE BISCAYNE TOWER SUITE 3400
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: MILMAN RALPH
82 Street Address (P.O. Box Number is Not Acceptable): 3405B NW 72 AVE.
83
84 City: MIAMI FL 85 Zip Code 33122

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 Ralph Milman (President) — 6-8-1996 DATE

12. OFFICERS AND DIRECTORS		
TITLE	DVPT	☒ DELETE
NAME	KAPLAN, EFRAT	
STREET ADDRESS	2 S BISCAYNE BLVD 1 BISCAYNE TOWER #3400	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DSVP	☒ DELETE
NAME	KOUBI, RONEN	
STREET ADDRESS	2 S BISCAYNE BLVD 1 BISCAYNE TOWER #3400	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DP	☒ DELETE
NAME	MILMAN, RALPH	
STREET ADDRESS	2 S BISCAYNE BLVD 1 BISCAYNE TOWER #3400	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DP	☒ Change ☐ Addition
1.2 NAME	MILMAN, RALPH	
1.3 STREET ADDRESS	3405B NW 72 AVE	
1.4 CITY-ST-ZIP	MIAMI, FL. 33122	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] RALPH MILMAN (Pres.) 6-8-96 — 305-477-7611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

OS 6/26/96