PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90197 041 ***150.00

DOCUMENT # P9400086025 1. Corporation Name

PARAGON MORTGAGE GROUP, INC.

Principal Place	e of Business	Mailing Address				-
1205 LINCOLN	ROAD	1205 LINCOLN ROAD				
#213	•	#213		DO NOT WRITE IN THIS	SPACE	
MIAMI BEACH F	FL 33139	MIAMI BEACH F 33139		3. Date Incorporated or Qualifed		
US		US		· ·		ł
				11/23/1994	1 1	tied East
2. Principal Pl	ace of Business	2a. Mailing Address	φ . –	4. FEI Number		olied For
21		26 1688 Wes	THUE	65-0537985		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc		5. Certifcate of Status Desired	\$8.75 A Fee Re	
22		27		 		<u></u>
City & State	e van de la company	City & State	a de D	6. Election Campaign Financing	\$5.00 Added to	, ,
23		28 1/1 10M 1 DG	ach FC	Trust Fund Contribution		D Fees
Zip	Country	H 0 2120 F	Country	8. This corporation owes the current year tr		□No
24	25	29 33 30 30	101	Personal Property Tax.	<u> </u>	
	9. Name and Address of Current	Registered Agent	81 Name 🗚	10. Name and Address of New Registered	Agent	
1401	TTTLO LOUIS D	SANE AGEDI	81 Name M	MATELLA LAUIS K	_	-
	ITELLO, LOUIS R	JET CHANGED	82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
	BRICKELL AVENUE	031 00/1000	-777	Brickell HVEN	UE	
MONTELLO, LOUIS R 701 BRICKELL AVENUE SUITE 1200 MANUEL 22121			83	10 70		
MIAN	Al FL:33131			11 TC 10 10	85 Zip C	- l
			84 City N	Tiami FI	- 33	3 <i>13</i> /
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 reinstating) DATE						
	Signature, typed or printed name of registered agent		gistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.	OFFICERS AND	DELETE	1.1 TITLE	ADDITIONS/CITANGES TO GIT IGENOM	Change	Addition
TITLE	D WEIGO BORIN D		,			
NAME	WEISS, ROBIN D		1.2 NAME			
STREET ADDRESS	1205 LINCOLN ROAD #213	i	1.3 STREET ADDRESS)
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP		Change	Addition
TITLE		☐ DELETE	2.1 TITLE		☐ Change	L Addition
NAME			2.2 NAME			i
STREET ADDRESS			2.3 STREET ADDRESS			Į.
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME		_	4. 2 NAME			İ
			4.3 STREET ADDRESS			1
STREET ADDRESS			4.4 CITY-ST-ZIP			
CITY-ST-ZIP	·	☐ DELETE	5.1 TITLE		Change	Addition
TITLE			5.1 TILE 5.2 NAME			
NAME			5.3 STREET ADDRESS			
STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-ZIP 6.1 TITLE		Change	Addition
TRILE		☐ DÉLETE	1		☐ Change	☐ ∀aqunot}
NAME			6.2 NAME			
STREET ARRESS			6 3 STREET ADDRESS			ĺ

14. I 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 with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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