FILE NOW: FILING FEE AFTER MAY 1 IS \$55D.00

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME STREET ADDRESS



Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

P95000004241 (2)

PARAMOUNT ELECTRIC SUPPLY CO., INC.

Principal Place	of Business	Mailing Address		1005180 110 FB181 B5111 90111 00111 04111	I BOIST MOTEL REGIR TIMES DIGGI (101 100)	
**************************************		-7325 N.W. 58 STREET MIAM! -MIAM! FL 83166-4203	 -			
				3. Date Incorporated or Qualified	3a. Date of Last Report	
				01/18/1995	08/12/1996	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
217915	H.W. 60 ST	26 7915 N	.T2 Od .W _{''}	65-0551477	Not Applicable	
Suite, Apt. (#, e1c.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 WIA1	41, FL.33166	2B MIAMI	FL	Trust Fund Contribution	Added to Fees	
Zip 24	Country 25 USA	29 33166 3	Country]Yes □ No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent	
BOR	IGES, DARIO M		81 Name			
7325 N.W. 56 STREET MIAMI MIAMI FL 33166-4203			82 Street Addre	82 Street Address (P.O. Box Number is Not Acceptable)		
••••			83			
			84 City		85 Zip Code	
					FL	
office or re	to the provisions of Sections 607.0002 ogistered agent, or both, in the State in In familiar with, and accept the obliga	of Florida. Such change was aut	horized by the corporali	oration submits this statement for the p on's board of directors. I hereby accep	urpose of changing its registered at the appointment as registered	
SIGNATURE	Signature, lyped or printed name of registered agen	Lond til a Brook valde (NCD)	Registered Agent signature require	ad when rejustation)	[]A71	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	D	DELETE	1.1 TITLE		Change Addition	
NAME	BORGES, DARIO M		1.2 NAME			
STREET ADDRESS	7325 N.W. 56 STREET MIAMI		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33166-4203		1.4 CITY - S1 - ZIP			
TITLE	D	DELETE	2 1 TILLE		Change Addition	
NAME	ORTIZ, MARIA C		2 ? NAME			
STREET ADDRESS	7325 N.W. 56 STREET MIAMI		2 3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33166-4203		2 4 CITY-ST-ZIP			
TITLE	THE WILL IS AN INC. LEGS.	DELETE	31 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - S1 - ZIP			
TITLE		DELETE	4 1 TITLE		Change Addition	
NAME			4.2 NAME			

14. I do hereby certify that the information supplied with this filing does not qualify or 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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 autochment with an address.

4.3 STREET ADDRESS 4.4 CITY - \$1 - ZIP

5 1 10 LE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CHY+S1-201

6.3 STREET ADDRESS

DELETE

DELETE

Change

Change

Addition |

Addition

FILED

May 05 1997 8:00am

Secretary of State