

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

APPROVED  
AND  
FILED

97 MAR -4 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000025435 (5)

1. Corporation Name

PARADISE SPECIALTIES, INC.



Principal Place of Business

4190 N.W. 45TH TERR.  
LAUDERDALE LAKES FL 33319

Mailing Address

4190 N.W. 45TH TERR.  
LAUDERDALE LAKES FL 33319-4751

2. Principal Place of Business

21 4789 NE 11th Ave  
Suite Apt. # etc.

2a. Mailing Address

26 Same  
Suite Apt. #, etc.

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9. Name and Address of Current Registered Agent

LAWRENCE J. SPIEGEL P.A.  
343 ALMERIA AVE.  
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

03/30/1995

3a. Date of Last Report

12/16/1996

4. FEI Number

65-0568518

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

10. Name and Address of New Registered Agent

81 Name

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

900002104009--3

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-03/04/97--01095--017

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City

\*\*\*165.00 \*\*\*165.00

FL

85 Zip Code

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 of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                      | STREET ADDRESS            | CITY-ST-ZIP               | DELETE                   |
|-------|---------------------------|---------------------------|---------------------------|--------------------------|
| P     | HENRY, ALEXANDER J JR     | 4190 N.W. 45TH TERR.      | LAUDERDALE LAKES FL 33319 | <input type="checkbox"/> |
| STV   | HENRY, JANICE RENE OVERLY | 4190 NORTHWEST 45 TERRACE | LAUDERDALE LAKES FL 33319 | <input type="checkbox"/> |
|       |                           |                           |                           | <input type="checkbox"/> |
|       |                           |                           |                           | <input type="checkbox"/> |
|       |                           |                           |                           | <input type="checkbox"/> |
|       |                           |                           |                           | <input type="checkbox"/> |
|       |                           |                           |                           | <input type="checkbox"/> |
|       |                           |                           |                           | <input type="checkbox"/> |
|       |                           |                           |                           | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP       | Change                              | Addition                 |
|-----------|----------|--------------------|-----------------------|-------------------------------------|--------------------------|
|           |          | 4660 NE 3rd Terr   | Oakland Park FL 33334 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP       | Change                              | Addition                 |
|           |          | 4660 NE 3rd Terr.  | Oakland Park FL 33334 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP       | Change                              | Addition                 |
|           |          |                    |                       | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP       | Change                              | Addition                 |
|           |          |                    |                       | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP       | Change                              | Addition                 |
|           |          |                    |                       | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP       | Change                              | Addition                 |
|           |          |                    |                       | <input type="checkbox"/>            | <input type="checkbox"/> |

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 included 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0006618

954-938-0118

CR2E034 (9/96)