

FILE NOW: FILING FEE AFTER MAY 1 IS \$5500

FILED

May 05 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  FLORIDA DEPARTMENT OF STATE Sandra B. Morris Secretary of State DIVISION OF CORPORATIONS |
|---|---|

DOCUMENT # **P95000035911 (3)**
1. Corporation Name
PAR AND ASSOCIATES, CORP.

| | |
|--|---|
| Principal Place of Business 7990 NW 60 ST MIAMI FL 33166 | Mailing Address 7990 NW 60 ST MIAMI FL 33166-3411 |
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|---|-------------------------|--|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 05/03/1995 | 3a. Date of Last Report 05/01/1996 |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 4. FEI Number 65-0580564 | | Applied For <input type="checkbox"/> Not Applicable | |
| 22. City & State | 27. City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23. Zip | 28. Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24. Country | 25. Country | 29. Zip | | 30. Country | |
| 9. Name and Address of Current Registered Agent ROSELL, TEOBALDO JR. 7990 NW 60 ST MIAMI FL 33166 | | | | 10. Name and Address of New Registered Agent | |

| | | | | |
|----------|--|----------|-----------|--------------|
| 11. Name | 12. Street Address (P.O. Box Number is Not Acceptable) | 13. City | 14. State | 15. Zip Code |
| | | | FL | |

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 true if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------|---|--|
| TITLE | DP | 1.1 TITLE | |
| NAME | ANTORCHA, GUSTAVO | 1.2 NAME | |
| STREET ADDRESS | 7329 MONACO ST | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | CORAL GABLES FL 33143 | 1.4 CITY - ST - ZIP | |
| TITLE | DVP | 2.1 TITLE | |
| NAME | PITA, JULIO | 2.2 NAME | |
| STREET ADDRESS | 8950 SW 88 ST | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL | 2.4 CITY - ST - ZIP | |
| TITLE | DS | 3.1 TITLE | |
| NAME | ROSELL, TEOBALDO JR. | 3.2 NAME | |
| STREET ADDRESS | 7990 NW 60 ST | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL 33166 | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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:

TEOBALDO Rosell, Jr. 4/10/97 (305) 592-1210
Director/Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Date

Daytime Phone #

0227617

CR2E034 (9/96)