

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

037354

05-01-1999 90046 035 ***150.00

DOCUMENT # P95000053479

1. Corporation Name
PAZ BUILDERS INC.

Principal Place of Business
8451 S.E. QUAIL RIDGE WAY
HOBE SOUND FL 33455
US

2. Principal Place of Business
21 14301 Paradise Point Rd.
Suite, Apt. #, etc.
22

23 City & State
Palm Beach Gardens, FL
Zip 33410
Country US

24 Zip 33468-7844
Country US

9. Name and Address of Current Registered Agent

ZECCA, PETER A
8451 S.E. QUAIL RIDGE WAY
HOBE SOUND FL 33455

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

12. OFFICERS AND DIRECTORS

TITLE PVST
NAME ZECCA, PETER A
STREET ADDRESS 8451 S.E. QUAIL RIDGE WAY
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE D
NAME ZECCA, PETER A
STREET ADDRESS 8451 S.E. QUAIL RIDGE WAY
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99

561-373-7598

Date

Daytime Phone #

CR2E034 (11/98)