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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # **P95000060672**1. Corporation Name

PARY IMPORT & EXPORT, CORP.

Principal Place of Business								
1445 COVE LAKE RD								

Mailing Address

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

05-04-1999 90054 039 ***150.00



1445 COVE LAN NORTH LAUDER	(E RD RDALE FL 33068		1445 COVE LAKE RD NORTH LAUDERDALE FL 33068			DO NOT WRI	re in this s	SPACE	
						3. Date Incorporated or Qualifed 08/07/1995			
2. Principal Pi	lace of Business	·	2a. Mailing Address	· -,		4. FEI Number		A	pplied For
563 J	O HAYES .	Sr !	26 5630 HAYE	- s	5-	65-0599874		N	ot Applicable
Suite. Apt.	#. etc.		26 5430 HAY 4 Suite, Apt. #, etc.		-			\$8.75	Additional
22			27			5. Certifcate of Status Desired		Fee R	tequired —
City & State	· · · · · · · · · · · · · · · · · · ·		City & State			6. Election Campaign Financing		\$5.00	May Be
		AIDA	28 HOLLY (000)	FL	0013	Trust Fund Contribution			to Fees
Zip 24 33/	(2) (25) U		Zip 29 ろう/シ/ 30	-		This corporation owes the curr Personal Property Tax.	•	ngible Yes	□No
•	g. Name and Addres	s of Current Re	egistered Agent			10. Name and Address of New F	Registered Å	gent	
				81	Name	TodESTO PARI			ļ
	, MODESTO		4	82	Street A	ddress (P.O. Box Number is Not Accepta	ible)		
1445	COVE LAKE RD			"	56	30 HAYES ST	- ,		
NOR	th Lauderdale FL :	33068		83					
			_						
	•	- 1		84	City	LLYWOOD	FI		Code ヨルン/
	4- 4b	607 05b2 os	od 607 1509 Florido Statutos	the above	pamod o	ornoration submits this statement for the	nurpose of o	thanging it	s registered
office or r	egistered agent, or both,	in the State of F	lorida, Such change was authors	orized by	the corpor	corporation submits this statement for the ration's board of directors. I hereby acceptation	the appoin	tment as re	agistered
	Signature, typed of prible trame					quired when reinstating)	DATE	_,	
	Digrature, typed to priorett dame of	FICERS AND D	INDECTORS	13.	t signature rec	ADDITIONS/CHANGES TO OF		DIRECTO	ORS IN 12
12.	PD	FICEING AND D	□ DELETE	1.1 TITLE	т-	PD		Change	
TITLE	PARI, MODESTO	/		1.2 NAME		PARI MODESTO			
NAME	•				• 1	5630 HAYES ST			1
STREET ADDRESS	3253 GRANT ST	001			ADDRESS	JG SO MAYES EN	34.2	,	
CITY-ST-ZIP	HOLLYWOOD FL 33	021	[7] DELETE	1.4 CITY-S'	r-ZIP	HOLLYWOOD FL	93121	NA Change	Addition
TITLE	VD ·		☐ DELETE	2.1 TITLE	- 1	VD		Change	
NAME	BALLARTA, ANA MA	ARIA	#	2.2 NAME		BALLARTA AMAMA 5630 HAYES ST HOLLYWOOD FL	A)H		
STREET ADDRESS	3253 GRANT ST			2.3 STREET	ADDRESS	5630 HAYES ST	، ده		·
CITY-ST-ZIP	HOLLYWOOD FL 33	021	-	2. 4 CITY-S	T-ZIP	HOLLYWOOD FL	9913.	<u>/ · · </u>	
TITLE			☐ DELETE	3.1 TITLE				Change	Addition
NAME				3.2 NAME	ļ				
STREET ADDRESS				3.3 STREET	ADORESS	-			
CITY-ST-ZIP				3.4. CITY-S	T-ZIP				
TITLE			☐ DELETE	4.1 TITLE				Change	Addition
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREE1	ADDRESS				1
CITY-ST-ZIP	•			4.4 CITY-S	T-ZIP				
TITLE	···· _{1,5} ,	· • • · ·	☐ DELETE	5,1 TITLE		_		Change	☐ Addition
NAME			,	5.2 NAME		,			ļ
STREET ADDRESS			,	5.3 STREE1	ADDRESS				1
CITY-ST-ZIP				5.4 CITY-\$	r-zip				
TITLE			DELETE	6.1 TITLE				Change	☐ Addition
NAME				6.2 NAME					.
	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	1		6.3 STREET	ADDRESS	•			Į
SIKEET ADDRESS	page 1 4/30 Minute 5		_	, 					

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing floes 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 certify 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 arachment with an address, with all other like empowered.

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR