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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Apr 09 1996 8:00 am

Secretary of State

DOCUMENT # P95000062380 (7)

1. Corporation Name

PARADISE LOTTERY CLUB INCORPORATED

Principal Place of Business

831 NE 199TH STREET STE 202
MIAMI FL 33179

Mailing Address

831 NE 199TH STREET STE 202
MIAMI FL 33179

2. Principal Place of Business

21 160 NW 176th St

State, Apt. #, etc.

22 303

City & State

23 MIAMI FL

Zip

24 33169

Country

25 USA

2a. Mailing Address

26 160 NW 176th ST

State, Apt. #, etc.

27 SUITE # 303

City & State

28 MIAMI FL

Zip

29 33169

Country

30 USA

9. Name and Address of Current Registered Agent

KATZ, MELVYN
831 NE 199TH STREET STE 202
MIAMI FL 33179

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0702 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, the corporation's board of directors, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0702, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

[] DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change

[X] Addition

TD

ROBERT DAHL
19370 COLLINS AVE. APT 306C
N. MIAMI BEACH, FL 33160

[] Change

[] Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(s), 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 amendment with an addressee.

SIGNATURE: MELVYN KATZ / Melvyn Katz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/96 (305) 652-7070

CR2E034 (12/95)