

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000075172 (3)**

1. Corporation Name

**PARADISE MARKETING ASSOCIATES, INC.**



Principal Place of Business

Mailing Address

1361 S. OCEAN BLVD.  
UNIT 402  
POMPANO BEACH FL 33062

1361 S. OCEAN BLVD.  
UNIT 402  
POMPANO BEACH FL 33062

3. Date Incorporated or Qualified

09/29/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0649435

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MITRANI, RYNOR & GALLEGOS, P.A.  
ONE S.E. THIRD AVE.  
SUITE 2200  
MIAMI FL 33131

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 607.0502 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 State, if applicable.

NOTE: Registered Agent signature required when transferring.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 1.1 TITLE   | 1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP                 |
|                            | D<br>GAVIOLA, MAUREEN A<br>1361 S. OCEAN BLVD. UNIT 402<br>POMPANO BEACH FL 33062 | <input type="checkbox"/> DELETE                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |   | <input type="checkbox"/> DELETE                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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)(k), 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: *Maureen A Gaviola*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MAUREEN A GAVIOLA

4/15/96 (951) 784-8938  
Date Date/Time/Phone #

CR2E034 (12/95)