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

DOCUMENT # P95000092246

. Corporation Name

PARADISE BANQUET HALL, INC.

Principal Place of Business Mailing Address						- I (1001/30) (50 1610) Oleh Oshi 33(1) Odin 9010	. 1 3 2 4 3 1 1 4 1 1 5 1 1 4	110(8 8(1) (04)
708 WEST 29TH STREET 708 WEST 29TH STREET								
HIALEAH FL 33012 HIALEAH FL 33012								
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						12/05/1995		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		plied For
21		26				65-0632084		Applicable
Suite, Apt.	Suite, Apt. #, etc.	ŧ, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Rec	I .	
22		27						
City & State	e ·	City & State				6. Election Campaign Financing	\$5.00	,
23		28		·	Trust Fund Contribution	Added to	o Fees	
Zip Country Zip			Country			8. This corporation owes the current year in	tangible	XNo -
24	25	29 30	1			Personal Property Tax. 10. Name and Address of New Registered		ZNO
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registered	Agent	-
· GAD	•	•	['	91	Name			
GARCIA, TANIA 1025 WEST 23RD STREET				82	Street Addre	ss (P.O. Box Number is Not Acceptable)		

HIAL	EAH FL 33010			83				
			la la	84	City		85 Zip C	Code
			1		-	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								
SIGNATORE	Signature, typed or printed name of registered agent		gistered A	gent s	ignature required			6
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	☐ DELETE	1,1 TITLE				Change	Addition =
NAME	Olivori, ibolion		1.2 NAME		1			2
STREET ADDRESS	5100 S.W. 178 AVE		1.3 STREET ADDRESS		DORESS) ji
CITY-ST-ZIP	FT. LAUDERDALE FL 33331		1.4 CITY-ST-ZIP		ZIP			<u>}</u>
TITLE	STD DELETE 2			2.1 TITLE			☐ Change	Addition \
NAME	GARCIA, TANIA			2.2 NAME				}
STREET ADDRESS	1025 WEST 23 STREET		2.3 STREET ADDRESS		DDRESS			,
CITY-ST-ZIP	HIALEAH FL 33010		2. 4 CITY-ST-ZIP		ZIP			
TITLE			3.1 TITL	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME]
STREET ADDRESS			3.3 STR	EET A	ODRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP		ZIP	_		
TITLE	☐ DELETE		4.1 TITLE				☐ Change	Addition
NAME -	-	<u>-</u>	4, 2 NA	ME]			.]-; .
STREET ADDRESS			4.3 STR	EET A	DDRESS			ļ
CITY-ST-ZIP			4.4 CITY		į.			ļ
TITLE			5.1 TITLE		- -		☐ Change	☐ Addition
NAME		_	5.2 NAM					
STREET ADDRESS	,		5.3 STR	EETA	DORESS			Ī
]			5.4 CITY					
CH 1-31-ZIF				6.1 TITLE			☐ Change	Addition
11100		الماليان الماليان	•					

14. I hereby certify that the information supplied with this filipd 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 of the receiver of 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.

6.3 STREET ADDRESS

6,4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

OURE AND TYPET OR PRINTED NAME OF SUMMING OFFICER OR DIRECTOR

4/9/99

701 - 888 -8008 Daytime Phone #

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90119 040 ***150.00