

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

FILED

Aug 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P9600063513
1. Corporation Name
PAZ ENTERPRISES, INC.

Principal Place of Business Mailing Address
1131 NE 15th AVE.
FORT LAUDERDALE, FL 33304

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	7/30/96	65-0763205	Not Applicable
22	27	5. Certificate of Existence		
City & State	City & State	Fee Required		
23	28	6. Election Campaign Financing		
Zip	Zip	Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
24	29	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Country	Country	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAZ HARNARRINE
1131 NE 15th AVE
FT. LAUDERDALE, FL 33304

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	33304
83. City	FT. LAUDERDALE 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: Kamraj Harnarrine KAMRAJ HARNARRINE 7/20/98
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAZ HARNARRINE	1.2 NAME	KAMRAJ HARNARRINE
STREET ADDRESS	1131 NE 15th AVE	1.3 STREET ADDRESS	1131 NE 15th AVE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33304
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	300002623979
STREET ADDRESS		5.3 STREET ADDRESS	-08/25/98--01007--015
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***158.75
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: Kamraj Harnarrine KAMRAJ HARNARRINE 7/20/98

CR2E034 (10/97)