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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000069505 (1)

1. Corporation Name
PARIS LEON CORPORATION

Principal Place of Business

9712 N.W. 6TH LANE
MIAMI FL 33172

Mailing Address

9712 N.W. 6TH LANE
MIAMI FL 33172-4021

3. Date Incorporated or Qualified
08/21/1996

3a. Date of Last Report

2. Principal Place of Business

21 1409 West Flagler St.
Suite, Apt. #, etc.

2a. Mailing Address

26 1409 West Flagler St.
Suite, Apt. #, etc.

22 City & State

23 Miami, FL
Zip

24 33135

25 USA

27 City & State

28 Miami, FL
Zip

29 33135

30 USA

4. FEI Number

65-0693865

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

LEON, GRACIELA E
9712 N.W. 6TH LANE
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name Graciela E Leon
82 Street Address (P.O. Box Number is Not Acceptable)
1409 West Flagler St.
83
84 City Miami FL 85 Zip Code 33135

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

Graciela E Leon
Signature, printed name of registered agent and title if applicable.

Registered Agent

NOTE: Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME LEON, GRACIELA E
STREET ADDRESS 9712 N.W. 6TH LANE
CITY-ST-ZIP MIAMI FL 33172 ☐ DELETE

TITLE D
NAME PARIS, FERNANDO A
STREET ADDRESS 9712 N.W. 6TH LANE
CITY-ST-ZIP MIAMI FL 33172 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: X *Graciela E Leon* President

CR2E034 (9/96)