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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 14 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000069505 (1)

PARIS LEON CORPORATION

	TAINOL	LEON COM	ONATION										
Pr	incipal Plac	e of Business		Mailing	Mailing Address				1				
1409 WEST FLAGLER STREET 1409 WEST FLAGLER STR													
MIAMI FL 33135 MIAMI FL 33185										DO NOT WRITE	E IN THIS S	RPACE	
U	\$			US	US 8				3. Date Incorporated or Qualified				
										08/21/1996			
2.	Principal P	Place of Business	\	2a. Maili	2a. Mailing Address				4.	FEI Number		Ap	oplied For
21				26	26					65-0693865		No	ot Applicable
	Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.			5.	Certificate of Status Desired		•	Additional	
22	Oit o Ctol			27								equired	
23	City & State	е		<u></u>	City & State				6.	Election Campaign Financing			May Be to Fees
23	Zip		Country	28 Zip	· · · · · · · · · · · · · · · · · · ·	Count	rv		-	Trust Fund Contribution			
24	- 'b	25	2.Out it y	29		30			8.	This corporation owes or has pa Personal Property Tax due June	-	_ ^ ~	No langibie
100	9, Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent				
LEON, GRACIELA E								Name					
1409 WEST FLAGLER STREET							2 :	Street Addre	ss (P	O. Box Number is Not Accepta	ble)		
		MI FL 33135								.O. Box (1011.00) 10 (101.1000)10			
,, ,						8	3						
						8	4 (City				85 Zip i	Code
1											<u> FL</u>		
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 region 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 regist agent. I am familiar with, and accept the obligations of, Sortion 607.0505, Florida Statutes. SIGNATURE REGISTERED AGENT, GRACIELA LEON Signature, typical printed near of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE												registered	
12		aignatione, typically ye		IS AND DIRECTORS		13.	gen	signaturo requirec		ADDITIONS/CHANGES TO OFFI		DIRECTOR	RS IN 12
TIT		0			DELETE	1.1 TITLE						Change	Addition
NA	ME	LEON, GRAI	CIELA E			12 NAM	Ē						
STF	REET ADDRESS	9712 N.W. 6	TH LANE			1.3 STRE	ET AD	idress					
CIT	Y-ST-ZIP	MIAMI FL 33	3172			1.4 CITY	- ST - 2	ZIP					
TIT	LE	D			DELETÉ	2.1 TITLE						☐ Change	Addition Addition
NAJ	ME	PARIS, FERI				2.2 NAMI	Ē						
	EET ADDRESS	9712-N.W. 6				2.3 STRE							
	Y-ST-ZIP	MIAMI FL 33	31/2		DELETE	2.4 CITY		ZIP				Change	Addition
TIT	í	i			L. OLCCIE	3.1 TITLE 3.2 NAME						Criange	☐ Muurion
	REET ADDRESS					3.3 STREE		DDEEC					
•						3.4. CITY							
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NA						4. 2 NAM							
J	REET ADDRESS	1				4.3 STREE		DRESS					
	Y-ST-ZIP					4.4 CITY							
TITI					DELETE	5.1 TITLE	-					Change	Addition
NA	ME					5.2 NAME	E						
STF	IEET ADDRESS					5 3 STRE	et a d	DRESS					
CIT	Y-ST-ZIP					5.4 CITY		ZIP					
TITO	ŀ			☐ DELETÉ	6.1 TIFLE						Change	Addition	
NAI	uf l					6.2 NAME	F	1					

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 13 if changed, or on an atlachment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CICALATURE.

STREET ADDRESS

CITY-ST-ZIP

x Moures luc
