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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998 P

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

DOCUMENT # 96000092581 (3)

1. Corporation Name
PARO HOLDINGS, INC.

Principal Place of Business	Mailing Address
11900 Biscayne Blvd. Suite 760 Miami, Florida 33181	11900 Biscayne Blvd. Suite 760 Miami, Florida 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/13/1996

4. FEI Number: 65-0741297/65-0746081 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2450 N.E. Miami Gardens Drive	26 2450 N.E. Miami Gardens Drive
Suite Apt. # etc. 22 2nd Floor	Suite Apt. #, etc. 27 2nd Floor
City & State 23 North Miami Beach, FL	City & State 28 North Miami Beach, Florida
Zip / Country 24 33180 / 25 Miami-Dade	Zip / Country 29 33180 / 30 Miami-Dade

9. Name and Address of Current Registered Agent

Supraski, Louis A.
11900 Biscayne Blvd.
Suite 760
Miami, Florida 33181

10. Name and Address of New Registered Agent

81 Name: Supraski, Louis A.
82 Street Address (P.O. Box Number is Not Acceptable): ~~2450 N.E. Miami Gardens Drive~~
83 2nd Floor
84 City: North Miami Beach, FL 85 Zip Code: 33180

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, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Couture, Michel 11900 Biscayne Blvd., Ste 760 Miami, Florida 33181 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD Couture, Michel 2450 N.E. Miami Gardens Drive, 2nd Floor North Miami Beach, Florida 33180 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DAGENAIS, MARIE ~~Couture, Maria~~ 11900 Biscayne Blvd., Ste 760 ~~Miami, Florida 33181~~ ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	SD DAGENAIS, MARIE ~~Couture, Maria~~ 2450 N.E. Miami Gardens Drive, 2nd Floor North Miami Beach, Florida 33180 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition 100002530801 -05/21/98--01001--049 ***150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/97)

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 _____ 5/19/98/524