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

**PROFIT CORPORATION** ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000000020 (2)

SINGLES PARADISE AMERICA NETWORK, INC.

## **FILED** May 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address  6444 LACOSTA DR UNIT 204 6444 LACOSTA DR UNIT 204				)4			BERRI MBOJI MBOJI BOSIY DOLI	ii abiil kalik iib	I I E MATE SAME
BOCA RATON FL 33433			BOCA RATON FL 39433						
							OT WRITE IN THIS	SPACE	
						3. Date Incorporated or 12/27/1996	Qualified		
2. Principal Pt	ace of Business	2a. Mailing	Address			4. FEI Number		Ap	plied For
21		26	26			65-07 15707		No	t Applicable
Suite, Apt.	₩, etc.	Suite, A	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional			
22		27				a. Certificate of Status D	esiied 🗀	Fee Re	quired
City & State	•	City & S	City & State			6. Election Campaign Fir	Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution	on 🗆	Added	to Fees
Zip	Country	Zip	<u> </u>	Country		8. This corporation owes			
24	25	29	30	<del></del>		Personal Property Tax			No
	9, Name and Address of Cu	rrent Registered Ag	ent	81	Name	10, Name and Address o	New Registered	Agent	
BARRAMEDA, MARIA R				61	Name				
6444 LACOSTA DR UNIT 204			82 Street Add			ress (P.O. Box Number is Not	Acceptable)		
80	CA RATON FL 33433								
				63					
				84	City			85 Zip (	Code
					-		FL	.	
11. Pursuant I	o the provisions of Sections 607	0502 and 607.1508,	Florida Statutes, t	he above	-named cor	poration submits this statemer	nt for the purpose of	changing it	s registered
agent. I ar	o the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o	bligations of, Section	607.0505, Florida	Statutes	ти <b>е</b> согрога 5.	dioris board of directors. Their	eby accept the app	Omment as	registereo
SIGNATURE	Signature, typed or printed name of registere					pired when reinstating)	DATE		
12.		AND DIHLCTORS	(NOTE AB)	13.	ur aiduarne tedn	ADDITIONS/CHANGES		DIDECTOR	IC INI 12
TITLE	T		DELETE	1.1 TITLE	- 1	ADDITIONS/CHANGES	TO OFFICENS AND	Change	Addition
NAME	BARRAMEDA, MARIA	•		1.2 NAME	]			CT Onengo	
STREET ADDRESS	6444 LACOSTA DR UNIT	204		1.3 STREET	*DD01cc				
	BOCA RATON FL				1				
CITY-ST-ZIP TITLE	P		DELETE	1.4 City-S 2.1 Title	1-212			Change	Addition
NAME	CRUZ, EMMANUEL R	•			1			☐ Cliarific	C Applica
	16 ROYAL PALM WAY #1	ΛK		2.2 NAME					
STREET ADDRESS	BOCA RATON FL	00		2.3 STREET					
CITY-ST-ZIP	VP	<del></del>		2. 4 CITY - S	IT-ZIP			Change	Addition
TITLE	**	L		3.1 TITLE				Change	Addition
NAME	YOUNG, LENYLIN 4884 S 143 PLACE			3.2 NAME					
STREET ADDRESS				3.3 STREET					
CITY-ST-ZIP	DELRAY BCH FL			3.4. CITY - 9	T-ZIP			T 06	1 2 2 2 2 2 2 2
TITLE	S VADIN MOIET	L	DELETE	4.1 TITLE				☐ Change	Addition
NAME	KARIM, MOIEZ	•		4. 2 NAME					
STREET ADDRESS	6444 LA COSTA DR #204	•		4.3 STREET					
CITY-ST-ZIP	BOCA RATON FL		T ést evé	4.4 CITY - S	T-ZIP		<del>.</del>		
TITLE		L		5.1 TITLE				☐ Change	☐ Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET	address				
CITY-ST-ZIP				5.4 CITY - S	7 - ZIP				
TITLE			DELETE	6.1 TITLE				☐ Change	Addition
NAME			B	6.2 NAME					
STREET ADDRESS				6.3 STREET	address				
CITY-ST-ZIP				6.4 CITY - S	T-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 or an attachment with an address.