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

Aug 20 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #

1. Corporation Name P97000013769 (9) JUST PARADISE, INC. Mailing Address Principal Place of Business C/O FRIEDRICH HEINDL 2301 DEL PRADO BOULEVARD. SUITE 100 CAPE CORAL FL 33990 POST OFFICE BOX 1569 CAPE CORAL FL 33910 DO NOT WRITE IN 1HIS SPACE 3. Date Incorporated or Qualified 02/12/1997 2a. Mailing Address Applied For 2. Principal Place of Busines 1326 CAPE COKAL Suite, Apt. #, #1c. Not Applicable \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing CORAL Trust Fund Contribution Added to Fees 23 28 Country Zip This corporation owes or has paid the current year Intangible ☐ Ño X Yes Personal Property Tax due June 30. 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name AMERILAWYER CHARTERED 343 **A**LMERIA AVENUE 82 Street Address (P.O. CORAL GABLES FL 33134 83 84 City CORAL of Sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered for both, in the Staty of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the obligations of, Section 607.0505, Florida Statutes. office or registered agen agent. I am farviller with SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Change ☐ Addition **PSD** DELETE 1.1 TITLE TITLE SANANI, MOJGAN 1.2 NAME NAME 2301 DEL PRADO BLVD., STE 100 1.3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33990 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 21 TITLE TITLE STD SANANI, MARJAN 2.2 NAME NAME 2301 DEL PRADO BLVD., STE 100 2 3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33990 2. 4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 3.1.1ITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TIBLE THILE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 5.1 TITLE TITLE **5.2 NAME** NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - S1 - ZIP CITY-ST-7IP 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 eath; 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.

FILED

CLAYWELL DENTAL LAB, FVC.

HENRY A. CLAYWELL, C.D.T. 7121 N. Armenia Tampa, FL. 33604 813/932-3130

July 17, 1998

Florida Department of State
DIVISION OF Conforations
P.O. Box 1500
Tallahasset, Fl 32302 1500

Dear Sirs,

Larote a letter explaining that I had not recieved a first notice for the had not recieved a first notice for the failling of an annual fee. It apparently was not attached to the second notice.

we have Just incorporated this year, and hope you understand this is new to us. we do not seel we should have to pay a late Fee of 400. or since we recoved no lat notice.

Than's got,

Hong A Cleanle