


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 15, 1999 8:00 am
Secretary of State

09-15-1999 90008 005 ***550.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P97000042219 ✓
 1. Corporation Name
MANAGEMENT PARADIGM, INC.



| | |
|--|--|
| Principal Place of Business 220 71ST STREET SUITE #205 MIAMI BEACH FL 33141 | Mailing Address 220 71ST STREET SUITE #205 MIAMI BEACH FL 33141 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | |
|---|--|--|---|---|
| 2. Principal Place of Business 21 300 ARAGON AVE. | 2a. Mailing Address 26 300 ARAGON AVE. | 3. Date Incorporated or Qualified 05/13/1997 | 4. FEI Number 65-0756894 | Applied For <input type="checkbox"/> Not Applicable |
| 22 Suite, Apt. #, etc. #320 | 27 Suite, Apt. #, etc. #320 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23 City & State CORAL GABLES FL. | 28 City & State CORAL GABLES FL. | 24 Zip 33134 | 25 Country USA | 29 Zip 33134 |
| | | 30 Country USA | | |

9. Name and Address of Current Registered Agent
GARCIA-ESQUERRO, TANIA L
2025 BRICKELL AVENUE APT. 906
MIAMI BEACH FL 33129

10. Name and Address of New Registered Agent

| | |
|---|-----------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |
| 85 Zip Code | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | GARCIA-ESQUERRO, TANIA L | |
| STREET ADDRESS | 2025 BRICKELL AVE APT 906 | |
| CITY-ST-ZIP | MIAMI FL 33129 | |
| TITLE | VPS | <input type="checkbox"/> DELETE |
| NAME | GARCIA ESQUERRO, TANIA | |
| STREET ADDRESS | 2025 BRICKELL AVE. APT. #906 | |
| CITY-ST-ZIP | MIAMI FL 33129 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-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 on an attachment with an address.

SIGNATURE _____ (305) 648-1444
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)