


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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90109 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000075161					
1. Corporation Name PARADIGM PROPERTY MANAGEMENT, INC.					
Principal Place of Business P.O. BOX 2155 HALLANDALE FL 33008 US			Mailing Address P.O. BOX 2155 HALLANDALE FL 33008 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 08/23/1997	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number APPLIED FOR 65-0798974	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent BERTAN, ABE 2010 NE 187TH DR N MIAMI BCH FL 33174			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code FL		
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)					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME BERTAN, ABE					
1.3 STREET ADDRESS 2010 N.E. 187TH DRIVE					
1.4 CITY-ST-ZIP NORTH MIAMI BEACH FL 33179					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME PARIS, RICARDO					
2.3 STREET ADDRESS 4915 44TH STREET, N.W.					
2.4 CITY-ST-ZIP WASHINGTON DC 20016					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99
Date

305-937-4460
Daytime Phone #

CR2E034 (11/98)