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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

18620 S.W.

DOCUMENT # P97000091087 (1)

PARAMOUNT PROPERTY SERVICES, INC.

Principal Place of Business

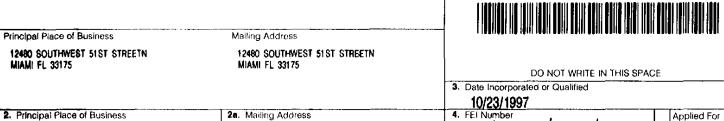
Sulte, Apt. #, etc.

18620 S.W. 134 Ave.

FILED May 04 1998 8:00am Secretary of State

X Not Applicable

\$8.75 Additional



22		27		Fee Required
City & Stat	е	City & State		6. Election Campaign Financing \$5.00 May Be
23 MIA		28 MIAMI, P	1	Trust Fund Contribution Added to Fees
Zip	Country	70 20 23 -	Country	8. This corporation owes or has paid the current year Intangible
24 33	VT+ 25 DACLE	29 330 FF 30	Dade	Personal Property Tax due June 30.
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
AMERILAWYER 343 ALMERIA AVENUE			81 Name	
			82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)
CORAL GABLES FL 33134			83	
•				
•			84 City	FL 85 Zip Code
(C-1) - (C-1)			the above seemed as	
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 typod or printed harve of registered agent and title if approachie (NOTE Registered Agent signature required when reinstating) DATE				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	DELETE	1.1.7ITLE	DCTD : Addition
NAME	KRALY, PATRICIA A		1,2 NAME	Kraly, Patricia A. 18620 S.W. 134 AUC Miami, Fl. 33077
STREET ADDRESS	ACADA ACAMANIANAN ALAM ANDREWS		1.3 STREET ADDRESS	ICLIA S. W. 134 AUC
CITY-ST-ZIP	MIAMI FL 33175		1.4 CITY-ST-ZIP	10 14m El 22077
TITLE	PS+P	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		^	2.2 NAME	
STREET ADDRESS	Kraly, PAtricia A. 18620 SW. 134 AU	e	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, F1. 3307		2 4 CITY-ST-ZIP	
TITLE	111111111111111111111111111111111111111	☐ DELET E	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY - ST - ZIP	
TITLE		☐ DELETE	4.1 TO LE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5 1 THTLE	Change Addition
NAME			52 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	M 1 5/100
CITY-ST-ZIP			5.4 C/TY+ST-Z/P	the 3/4/9'8
TITLE		DELETE	6.1 TITLE	700002510617 -05/05/98-01035-016
NAME			6.2 NAME	-US/05/9801035nic
STREET ADDRESS			6.3 STREET ADDRESS	***158.75

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 13 if changed, or on an altachment with an address.