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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000103066

1. Corporation Name

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90122 010 ***155.00

PALADIN LIMITED, INC.								
					\$ 100 LINE 10 LE 10 LE 10 LE 10 LE	IRAN RONN NERN W	LI ER LISK ER RE	1104 808 644
	:							
Principal Plac	e of Business	Mailing Address				I CHI LOIGH FIERH D	EKOO LIIKI OO IIO	ERINE DIN 1601
2220 N 46 AVE 2220 N 46 AVE								
HOLLYWOOD FL 33021 + HOLLYWOOD FL 33021								
				DO NOT WRITE IN THIS SPACE				
	•				3. Date Incorporated or Qualife	1		
					12/04/1997			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		App	olied For
21		_ 		65-0795410		Not	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A	
22	. 27				5. Command of Clarks 200,000	<u> </u>	Fee Re	quired
City & Stat	City & State				6. Election Campaign Financing	1 19	\$5.00	
23	28				Trust Fund Contribution		Added to	Fees
Zip			Country		8. This corporation owes the cu	rrent year Inta		}
24	25		<u></u> _		Personal Property Tax.			□No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New	Registered A	gent	
MOI	DAC DANIEL A		81	Name				1
MODAS, DANIEL A 1215 SE 2ND AVE		82	Street A	ddress (P.O. Box Number is Not Accep	table)			
SUITE 202		<u>ا ``</u>						
			83					ľ
F1.	LAUDERDALE FL 33335		84	City			85 Zip C	ode
			- 1	′		FL	1 1 '	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the above	e-named c	orporation submits this statement for th	e purpose of o	hanging its	registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was auth	onzed by a Statutes	tne corpor	ration's board of directors. I hereby acc	ept the appoin	tment as ret	Jistered
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	gistered Ager	t signature rec	quired when reinstating)	DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO O	FFICERS AN		
TITLE	ST	☐ DELETE	1.1 TITLE	}			Change	☐ Addition
NAME	DELSONTRO, RICHARD		1.2 NAME					1
STREET ADDRESS	2220 N 46 AVE	į	1.3 STREET	ADDRESS				ţ
CITY+ST-ZIP	HOLLYWOOD FL 33021		1.4 CITY-5	T-ZIP				
TITLE	P	☐ DELETE	2.1 TITLE				Change	Addition
NAME	DELSONTRO, JEFFREY		2.2 NAME	İ				ì
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		2.3 STREET	ADDRESS			•	
CITY-ST-ZIP	HOLLYWOOD FL 33021		2.4 CITY-5	T-ZIP				
TITLE	V DELETE 3.11		3.1 TITLE				Change	☐ Addition
NAME	NICOLAOU, LORI 321		3.2 NAME	Į				Į
STREET ADDRESS			22000	ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33021		3.3 2 KEE					ļ
TITLE	 	·	3.4. CITY-S					
NAME	}	. DELETE			1		Change	Addition
STREET ADDRESS		DELETE	3.4. CITY-S		,		Change	Addition
		. DELETÉ	3.4. CITY-S 4.1 TITLE 4. 2 NAME	T-ZIP	.100		Change	Addition
CITY-ST-7ID		. DELETE	3.4. CITY-S 4.1 TITLE 4. 2 NAME 4.3 STREET	T-ZIP ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	☐ Addition
CITY-ST-ZIP		DELETE	3.4. CITY-S 4.1 TITLE 4. 2 NAME	T-ZIP ADDRESS	, , , , , , , , , , , , , , , , , , , ,		☐ Change	☐ Addition
TITLE			3.4. CITY-S 4.1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-S	T-ZIP ADDRESS				
TITLE NAME			3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE	T-ZIP ADDRESS 1-ZIP				
NAME STREET ADDRESS			3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	ADDRESS F-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP - '	· District Control		3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S' 5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS F-ZIP				
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NAME STREET ADDRESS CITY-ST-ZIP	State of the second of the sec	() OELETE	3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	T-ZIP T-ADDRESS T-ZIP T-ADDRESS T-ZIP			. Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP - '' TITLE - '''.'	State of the second of the sec	() OELETE	3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE 6.2 NAME	T-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP			. Change	☐ Addition

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 attainment with an address with all other like empowered.

SIGNATURE: