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 # P 97000042219

1. Corporation		2.10				
MANACEMENT PARADIEM, INC.						
Principal Plac	ce of Business	Mailing Address			HB 1120) 1011# 11001	Billet E18+ 100+
22	0-71 st.					
1				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 5//3/97		
mi	te 205 AMI BEA	ch, F1. 3.	3/4/			
Principal Place of Business 2a. Mailing Address		2a. Mailing Address		4. FEI Number	Ap	plied For
21 26		26		65-0756894	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	
City & State		City & State		5. Clarifica Comparing Financing \$5.00 May 20		
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes the current year	ntangible	
24	25	293	<u> </u>	Personal Property Tax.	√ZQYes	□No
	9. Name and Address of Currer	t Registered Agent		10. Name and Address of New Registere	d Agent	
77	ANIA GEIKA	SpriA- Esque	RIO Name			
.	5 BRICKELL AVE	right cage	82 Street Addi	ress (P.O. Box Number is Not Acceptable)		,
	906		83			
MIAMI FL 33129						
· · · · · · · · · · · · · · · · · · ·			84 City	F	85 Zip C	code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above-named corp	oration submits this statement for the purpose	of changing its	registered
office or :	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was auti	horized by the corporation	on's board of directors. I hereby accept the app	ointment as rec	jistereo
SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg			egistered Agent signature require		ND DIRECTO	DC IN 12
12.	PTD OFFICERS AN	D DIRECTORS	13. 1,1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
NAME	TANIA LEIKA GA					
STREET ADDRESS	2025 BRICKELL AVE, APT 906		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33129		1.4 CITY-ST-ZIP			
TITLE	VTD	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME	GARCIA-ESQUERRO, TANIA L		2.2 NAME			
STREET ADDRESS	2025 BRICKELL AVE, APT 906		2.3 STREET ADDRESS			
-CITY-ST-ZIP-	MIAMI FL-33129.		-2.4 CITY-ST-ZIP		Change	Addition
TITLE		☐ DELETE	3.1 TITLE		☐ Change	[] ADDITION
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change	Addition
NAME		_	4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		<u> </u>	
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP		Channe	Addition
TITLE		☐ DELETE	6.1 TITLE		☐ Change	(1) ~00 111(1)
NAME			62 NAME	••		
STREET ADDRESS!		i	6.3 STREET ADDRESS			

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 807, 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.

6.4 CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

FILED

May 17, 1999 8:00 am Secretary of State

05-17-1999 90035 028 ***150.00

(305) 866-5571