

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).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90007 031 ***150.00

DOCUMENT # **P98000033951**

1. Corporation Name

PARNASA, INCORPORATED

Principal Place of Business

**18020 N.E. 9TH PLACE
NORTH MIAMI BEACH FL 33162**

Mailing Address

**18020 N.E. 9TH PLACE
NORTH MIAMI BEACH FL 33162**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

04/13/1998

4. FEI Number

65-0838010

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRASS, ROBERT
18020 N.E. 9TH PLACE
NORTH MIAMI BEACH FL 33162**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **BRASS, ROBERT S**
STREET ADDRESS **18020 N.E. 9 PLACE**
CITY-ST-ZIP **N. MIAMI BEACH FL 33162**

1.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **BRASS, ESTHER**
STREET ADDRESS **18020 N.E. 9 PLACE**
CITY-ST-ZIP **N. MIAMI BEACH FL 33162**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

ROBERT BRASS 6/30/99 305-770-1072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

PA8000033951
597243-90007-36

PARNASA INC.

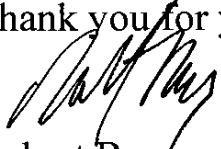
Robert Brass, President

Department of State
Div. of Corportatons
Annual Reports
Tallahassee, Fl. 32302-1500

Dear Sirs:

I called today to inform your office that I never receive a fist notice. I was told to write an explanation, pay \$ 150.00 and send it in with my report.

Thank you for your understanding,


Robert Brass
President
Parnasa Inc.