

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 12, 1999 8:00 am
Secretary of State

07-12-1999 90009 007 ***550.00

DOCUMENT # **P98000045747**

Corporation Name

PARADISE AWNINGS CORPORATION

Principal Place of Business

**61 SW 20 STREET
AMI FL 33145**

Mailing Address

**3061 SW 20 STREET
MIAMI FL 33145**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1998

Principal Place of Business

7491 NW 8th Street
Suite, Apt. #, etc.

2a. Mailing Address

7491 NW 8th Street
Suite, Apt. #, etc.

4. FEI Number

65-0873978

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

City & State

MIAMI, FL

Zip

33126

Country

USA

25

33126

29

33126

30

USA

30

USA

9. Name and Address of Current Registered Agent

**ALCIBAR, MANUEL
3061 SW 20 STREET
MIAMI FL 33145**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

1. 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

LE **VTD** ☐ DELETE
ME **ALCIBAR, MANUEL**
REET ADDRESS **3061 SW 20 STREET**
Y-ST-ZIP **MIAMI FL 33145**

LE **PSD** ☐ DELETE
ME **CHAVIANO, JUAN**
REET ADDRESS **4250 SW 95 AVE**
Y-ST-ZIP **MIAMI FL 33165**

LE ☐ DELETE
ME
REET ADDRESS
Y-ST-ZIP

LE ☐ DELETE
ME
REET ADDRESS
Y-ST-ZIP

LE ☐ DELETE
ME
REET ADDRESS
Y-ST-ZIP

LE ☐ DELETE
ME
REET ADDRESS
Y-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **7491 NW 8 St.**
2.4 CITY-ST-ZIP **MIAMI FL 33126**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:

Manuel Alcibar Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/4/99
Date

305 265 2094
Daytime Phone #

CR2E034 (5/99)