07271999-90012-009-$400.00-$400.00 * 07271999-90012-010-$150.00-$150.00

AMOUNT DUE ON OR BEFORE 05/1/1999: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90012 009 ***400.00
07-27-1999 90012 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # P98000091754

1. Corporation Name

PARAGON INDUSTRIAL CATERING, INC.

Principal Place of Business	Mailing Address
7930 N.W. 36TH STREET #22 MIAMI FL 33166	7930 N.W. 36TH STREET #22 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21 7930 NW 36ST	26	10/28/1998	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For / Not Applicable
22 22	27	65-0874527	
City & State	City & State	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 MIAMI FL	28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country	Zip / Country	8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No	
24 33166 / 25 DADE	29 / 30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PEREZ, BEATRIZ J 7930 N.W. 36TH STREET #22 MIAMI FL 33166	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PEREZ, FELIX H		1.2 NAME	
STREET ADDRESS	5870 N.W. 110 DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33012		1.4 CITY-ST-ZIP	
TITLE	SVD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PEREZ, BEATRIZ J		2.2 NAME	
STREET ADDRESS	5870 N.W. 110 DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33012		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	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 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
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	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (5/99)

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: SIGNATURE [illegible] 7/01/99 305-639-2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #