

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
Jun 24, 1999 8:00 am
Secretary of State

06-24-1999 90003 010 ***150.00
07-30-1999 90001 001 ***400.00

DOCUMENT # **P98000099364**

1. Corporation Name
PAZ REALTY, INC.



Principal Place of Business
3116 N. FEDERAL HIGHWAY
NO. 246
LIGHTHOUSE POINT FL 33064

Mailing Address
3116 N. FEDERAL HIGHWAY
NO. 246
LIGHTHOUSE POINT FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/23/1998

4. FEI Number

65-0908036

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

21 PMB 246
Suite, Apt. #, etc.

22 3116 N. Federal Hwy

23 Lighthouse Point, FL

24 33064 Country USA

2a. Mailing Address

26 PMB 246
Suite, Apt. #, etc.

27 3116 N. Federal Hwy

28 Lighthouse Point, FL

29 33064 Country USA

9. Name and Address of Current Registered Agent

PAZ, M. CARMEN
3116 N. FEDERAL HIGHWAY
NO. 246
LIGHTHOUSE POINT FL 33064

10. Name and Address of New Registered Agent

81 Name

M. Carmen Paz

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

310 SE 3rd Street

83

84 City

Pompano Beach

FL

85 Zip Code

33060

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 *M. Carmen Paz*

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

(NOTE: Registered Agent signature required when reinstating)

7/10/99
DATE

2. OFFICERS AND DIRECTORS

NAME	DELETE
1.1 TITLE	<input type="checkbox"/>
1.2 NAME	<input type="checkbox"/>
1.3 STREET ADDRESS	<input type="checkbox"/>
1.4 CITY-ST-ZIP	<input type="checkbox"/>
2.1 TITLE	<input type="checkbox"/>
2.2 NAME	<input type="checkbox"/>
2.3 STREET ADDRESS	<input type="checkbox"/>
2.4 CITY-ST-ZIP	<input type="checkbox"/>
3.1 TITLE	<input type="checkbox"/>
3.2 NAME	<input type="checkbox"/>
3.3 STREET ADDRESS	<input type="checkbox"/>
3.4 CITY-ST-ZIP	<input type="checkbox"/>
4.1 TITLE	<input type="checkbox"/>
4.2 NAME	<input type="checkbox"/>
4.3 STREET ADDRESS	<input type="checkbox"/>
4.4 CITY-ST-ZIP	<input type="checkbox"/>
5.1 TITLE	<input type="checkbox"/>
5.2 NAME	<input type="checkbox"/>
5.3 STREET ADDRESS	<input type="checkbox"/>
5.4 CITY-ST-ZIP	<input type="checkbox"/>
6.1 TITLE	<input type="checkbox"/>
6.2 NAME	<input type="checkbox"/>
6.3 STREET ADDRESS	<input type="checkbox"/>
6.4 CITY-ST-ZIP	<input type="checkbox"/>

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
President & Treasurer	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M. Carmen Paz		
310 SE 3rd St		
Pompano Beach FL 33060		
2.1 TITLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vice President & Sec		
Fernando Paz		
310 SE 3rd Street		
Pompano Beach FL 33060		
3.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
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)(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:

M. Carmen Paz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/99
Date

(954) 783-2927
(954) 746-3093
Daytime Phone #

CR2E034 (5/99)