

05-14-2002 90450 026 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000004358**
 1. Entity Name **PARADISE STATION INC**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10701 NW 58 ST
 Suite, Apt. #, etc.
MIAMI FL
 City & State
33178 MIAMI DADE
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

DO NOT WRITE IN THIS SPACE
 4. FEI Number **65-0895338**
 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name **SAME**
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CARLOS FONTECILLA 12398 SW 82ND AVE MIAMI FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TREAS. EDUARDO ATIENZA 9240 SW 64 ST MIAMI FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ANTONIO MORENO 3631 SW 132ND CT MIAMI FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BASILIO J. FOLGUEIRA 745 BENEJERTO AVE CORRAL GABLES FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOSE SOLARES 2940 S. MIAMI AVE MIAMI FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Manuel Oleaga** **4/23/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)