FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S55835** (0)

1. Corporation Name
PARAMEDIA (USA), INC.

Principal Place of Business: ~~910 CORAL WAY CORAL GABLES FL 33134~~

Mailing Address: ~~910 CORAL WAY CORAL GABLES FL 33134~~

3. Date Incorporated or Qualified: 05/24/1991
3a. Date of Last Report: 01/17/1995

2. Principal Place of Business	2a. Mailing Address
21 2355 SALZEDO ST	26 2355 SALZEDO ST
22 Suite, Apt. #, etc. 303	27 Suite, Apt. #, etc. 303
23 City & State CORAL GABLES	28 City & State CORAL GABLES FL
24 Zip FL 25 Country	29 Zip 33134 30 Country

4. FEI Number: 65-0442124 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

LEHRMAN, JEFFREY E. ESQUIRE
2699 SOUTH BAYSHORE DRIVE
SUITE 300D
COCONUT GROVE FL 33133

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

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 ____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☑ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LEHRMAN, JEFFREY E. ESQ.		1.2 NAME	
STREET ADDRESS	2699 S. BAYSHORE DR.300D		1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL		1.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FREIXAS, JOSE M		2.2 NAME	
STREET ADDRESS	21 SW 32 AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33145		2.4 CITY-ST-ZIP	
TITLE	C	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SANTIAGO, ARRIAZU		3.2 NAME	
STREET ADDRESS	JOSE ABASCAL 57		3.3 STREET ADDRESS	
CITY-ST-ZIP	28003 MADRID ESPANA		3.4 CITY-ST-ZIP	
TITLE	TS	☐ DELETE	4.1 TITLE	☑ Change ☐ Addition
NAME	FREIXAS, ~~ROAO~~ ROSA		4.2 NAME	FREIXAS ROSA
STREET ADDRESS	21 SW 32 AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33145		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	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Jose M Freixas 4/29/96 (305) 444-0010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone

CR2E034 (12/95)