PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90065 027 ***150.00

FILED

1999

DOCUMENT # S55835

1. Corporation PARAME	DIA (USA), INC.					
Principal Place	e of Business	Mailing Address		1 320/48/0 881 4/401 0/421 /N/401 6/101	E BITTI MUMIT M	IDIE OIOTE ESCET
2355 SALZEDO	L 66	2355 SALZEDO ST			••	
303			DO NOT WRITE IN THIS SPACE			
CORAL GABLES FL 33134 CORAL GABLES FL 33134 US US				3. Date Incorporated or Qualified		
) ⁰³	:	•		05/24/1991		}
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Apr	olied For
21		26		65-0442124	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt: #, etc.			\$8.75 A	
22	·	27		5. Ceruicate of Status Desired	Fee Rec	quired
City & State	e -	City & State		6. Election Campaign Financing	□ \$5.00_1 Added to	
23		28	Country	Trust Fund Contribution		o rees
Zip	Country	Zip 29	30	 This corporation owes the current Personal Property Tax. 		□No
24	9. Name and Address of Current	1	301	10. Name and Address of New Re		
		· · · · · · · · · · · · · · · · · · ·	81 Name	SE W ERE	1405	
Lehrman, jeffrey e. escuire			82 Street Add	ress (P.O. Box Number is Not Acceptable	<u> </u>	
2699 SOUTH BAYSHORE DRIVE		OX STEEL MOD	iless (F.O. Box Humber is Not Acceptable	4		
Suit	TE 300D \		83 22	SE SALZEDO	AVE. #	303
COC	CONUT GROVE FL 33138 🔍		84 City	SALLEDO	85 ZpC	
	/ `		1 7 2	PAL GABLES	- FL 13.3	5/ 3 5 /1
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named cor	poration submits this statement for the pulon's board of directors. I hereby accept to	rpose of changing its r	registered
office or n	registered agent, or both, in the State o im familiar with, and accept the obligati	of Florida, Such change was at Inns.of, Section 607 0505-Flor	ithorized by the corporative.	ion's ocera of directors. I hereby accept	лв арропштоп из гед	Deneted
	\times	of month	111/1/1			
SIGNATURE	Signature, typed or printed name of registered promp	And title if applicable. (NOTE:	Pagistered Agent tignature requir	ed when reinstating)	DATE	}
SIGNATURE	Signature, typed or printed name of registered polymy. OFFICERS-AND	Vand wie if applicable. (NOTE: DDIRECTORS	Registered Agent signature required 13.		DATE CERS AND DIRECTOR	}
SIGNATURE	Signature, typed or printed name of registered person OFFICERS-AND	And title if applicable. (NOTE:	Rigidative Agent signature required 13.	ed when reinstating)	DATE	}
SIGNATURE 12. TITLE NAME	OFFICERS AND D LEHRMAN, JEFFREY E. ESQ.	Vand wie if applicable. (NOTE: DDIRECTORS	Radigishmed Agent signature require 13. 1.1 TITLE 1.2 NAME	ed when reinstating)	DATE CERS AND DIRECTOR	}
SIGNATURE 12.	OFFICERS AND D LEHRMAN, JEFFREY E. ESQ. 2699 S. BAYSHORE DR.300D	Vand wie if applicable. (NOTE: DDIRECTORS	Raignestrial Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstating)	DATE CERS AND DIRECTOR	}
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZEP	OFFICERS AND D LEHRMAN, JEFFREY E. ESQ. 2699 S. BAYSHORE DR.300D COCONUT GROVE FL	And the if applicable. (NOTE: D DIRECTORS	Rigidation Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZEP	ed when reinstating)	DATE CERS AND DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE	OFFICERS AND D LEHRMAN, JEFFREY E. ESQ. 2699 S. BAYSHORE DR.300D COCONUT GROVE FL	Vand wie if applicable. (NOTE: DDIRECTORS	Raignestrial Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-2P 2.1 TITLE	ed when reinstating)	DATE CERS AND DIRECTOR	}
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D LEHRMAN, JEFFREY E. ESQ. 2699 S. BAYSHORE DR.300D COCONUT GROVE FL P FREIXAS, JOSE M	And the if applicable. (NOTE: D DIRECTORS	Raignestrial Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ed when reinstating)	DATE CERS AND DIRECTOR Change	RS IN 12
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CITY-ST-ZIP 14. | 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, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:)