


FILED
Mar 20 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # S66941 (3) 1. Corporation Name T.G.V. OF PARIS, INC. | | |
| Principal Place of Business | | Mailing Address |
| 777 NW 72 AVE SUITE 2L20 MIAMI FL 33126 | | 777 NW 72 AVE SUITE 2L20 MIAMI FL 33126 |
| 2. Principal Place of Business | | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. |
| 22 City & State | | 27 City & State |
| 23 Zip Country | | 28 Zip Country |
| 24 25 | | 29 30 |
| g. Name and Address of Current Registered Agent | | |
| FREYGANG, MICHELLE C. 10054 SW 137TH PLACE MIAMI FL 33186 | | 81 Name |
| | | 82 Street Address |
| | | 83 |
| | | 84 City |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | |
| SIGNATURE _____ <small>(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required)</small> | | |
| OFFICERS AND DIRECTORS | | |
| 12. | 13. | |
| TITLE | 1.1 TITLE | |
| NAME | 1.2 NAME | |
| STREET ADDRESS | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | 1.4 CITY - ST - ZIP | |
| TITLE | 2.1 TITLE | |
| NAME | 2.2 NAME | |
| STREET ADDRESS | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | 2.4 CITY - ST - ZIP | |
| TITLE | 3.1 TITLE | |
| NAME | 3.2 NAME | |
| STREET ADDRESS | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | 3.4 CITY - ST - ZIP | |
| TITLE | 4.1 TITLE | |
| NAME | 4.2 NAME | |
| STREET ADDRESS | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | 4.4 CITY - ST - ZIP | |
| TITLE | 5.1 TITLE | |
| NAME | 5.2 NAME | |
| STREET ADDRESS | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | 5.4 CITY - ST - ZIP | |
| TITLE | 6.1 TITLE | |
| NAME | 6.2 NAME | |
| STREET ADDRESS | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | 6.4 CITY - ST - ZIP | |

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:

Michelle Evans 3/17/00 2052266-7603

CR2E034 (10/97)