

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
CORPORATION

APPROVED
AND
FILED

MAY - 1 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S78935**

(1)

PARIS APARTMENTS, INC.

Principal Office of Corporation: 390 SW 55 AVE RD MIAMI FL 33144 US
 Mailing Address: 9001 SW 94 ST ATT: LOADING OFFICE MIAMI FL 33176 US

(Do not write in this space)

3. Date incorporated in Florida: 09/10/1991	3a. Date of Last Report: 07/12/1994
4. Telephone: 65-0293349	Apply for Not Applicable
5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions: <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for obligations not covered by Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Office of Corporation: State: FL	2a. Mailing Address: State: FL
22. City & State: MIAMI FL	27. City & State: MIAMI FL
24. 25	29 30

9. Name and Address of Current Registered Agent: MARQUEZ, JOSE M. 780 N.W. LEJEUNE ROAD MIAMI FL 33126	10. Name and Address of New Registered Agent: B1. Name: B2. Street Address (P.O. Box Number is Not Acceptable): B3. City: B4. State: FL B5. Zip Code:
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11. Pursuant to the provisions of sections 607.01, 607.02 and 607.03, Florida Statutes, this above named corporation, in order to file this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, hereby certifies that it is a corporation organized by the incorporation laws of the State of Florida, and hereby accepts the appointment as registered agent of the above named person or persons.

SIGNATURE: _____

12. OFFICER, AGENT OR DIRECTOR	13. ADDITIONAL OFFICER, AGENT OR DIRECTOR
NAME: D HERRAN, AGUSTIN	NAME: _____
STREET ADDRESS: 8460 S.W. 5TH STREET	STREET ADDRESS: _____
CITY: MIAMI FL	CITY: _____
STATE: _____	STATE: _____
ZIP CODE: _____	ZIP CODE: _____
NAME: _____	NAME: _____
STREET ADDRESS: _____	STREET ADDRESS: _____
CITY: _____	CITY: _____
STATE: _____	STATE: _____
ZIP CODE: _____	ZIP CODE: _____
NAME: _____	NAME: _____
STREET ADDRESS: _____	STREET ADDRESS: _____
CITY: _____	CITY: _____
STATE: _____	STATE: _____
ZIP CODE: _____	ZIP CODE: _____

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in New York 139 (b) and Florida Statute 607.01. I further certify that the information indicated on this filing is correct and 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 thereof and I execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block A, or Block C of the report, or as an attachment with an address.

SIGNATURE: *Agustin Herran*
 ORIGINAL AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 4/24/95 (305) 598-5153