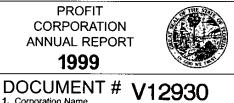
**PROFIT CORPORATION** ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90123 038 \*\*\*150.00

PARADI	SE FISH CAMPS, INC.								
Principal Plac	e of Business	Mailing Address				1 100% 01%031 110%0 11310 13101		AII DINI BIRII	
11330 S.W. 56 ST. 11330 S.W. 56 ST. MIAMI FL 33165 MIAMI FL 33165						DO NOT WE	RITE IN THIS :	SDACE	
					3 D:	ate Incorporated or Qualife		SPACE	
					<b>I</b>	2/06/1992	•		
2. Principal Place of Business 2a. Mailing Address			 3			El Number		Ar	plied For
21			ı			5-0311785		<u> </u>	ot Applicable
		Suite, Apt. #, et	pt. #, etc.					\$8.75	
22					5. Ce	ertifcate of Status Desired			equired
City & State City &				***************************************	6. El	ection Campaign Financing		\$5.00	May Be
23		28				rust Fund Contribution	'	Added 1	
Zip	Country	Zip	Cou	intry	8. Th	nis corporation owes the cu	rrent year Inta	ngible	
24	25	29	30		Pe	ersonal Property Tax.		☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent			10. Na	ame and Address of New	Registered A	gent	
ETT IC	RREY, LINCOLN			81 Name					
	30 SW 56TH ST.			82 Street	Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33165						<u> </u>			
IVIIA	WII FL 33103			83					
				84 City				85 Zip (	Code
							<u>FL</u>		
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change	was authorized	by the corpo	corporation su oration's board	domits this statement for the domits the directors. I hereby acce	ept the appoint	ment as re	gistered
SIGNATURE	Classic								
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	(NOTE: Registered	Agent signature re	equired when reinst	tating) DITIONS/CHANGES TO QI	DATE	DIPECTO	DS IN 12
TITLE	P	☐ DELE	·	n e	7.01	DITIONS/CHANGES TO OF		Change	Addition
NAME	ITURREY, LINCOLN DIAZ	<b>_</b>	1.2 N						
STREET ADDRESS	11330 S.W. 56 ST.			REET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33165			TY-ST-ZIP					
TITLE	ST	☐ DELE						[] Change	Addition
NAME	ITURREY, BETSY PEREZ		2.2 N	ì					
STREET ADDRESS	11330 S.W. 56 ST.			REET ADDRESS	1			_	
CITY-ST-ZIP	MIAMI FL 33165			TY-ST-ZIP			7	-	1
TITLE		☐ DELE						Change	Addition
NAME			3.2 NA	ME				-	
STREET ADDRESS			3.3 ST	REET ADDRESS					
CITY-ST-ZIP	· 			TY-ST-ZIP					
TITLE		☐ DELE					,	☐ Change	☐ Addition
NAME			4.2 N	WE					
STREET ADDRESS			4.3 ST	REET ADDRESS					
CITY-ST-ZIP			4.4 CI	Y-ST-ZIP					1
TITLE		☐ DELE					•	Change	Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	REET ADDRESS					Į
CITY-ST-ZIP			5.4 CI1	Y-ST-ZIP					ļ
TITLE		☐ DELE	TE 6.1 TIT	LE				Change	Addition
NAME '			6.2 NA	ME					
STREET ADDRESS			6.3 ST	REET ADDRESS					ĺ
CITY, ST. 7ID			64 CIT	V_ST_7ID					

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, with all other like empowered.

SIGNATURE:

305)274-4292