

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -1 PM 1:05

DOCUMENT # V45021

1. Corporation Name

PARASOX Corporation

Principal Place of Business

7356 W. Commercial Blvd.
LAUDERHILL, FL 33319

Mailing Address

7356 W. Commercial Blvd.
LAUDERHILL, FL 33129

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 2999 Brickell Avenue

27 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

06/22/1992

4. FEI Number

65-0342287

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

GIGUN BEHR
624 Douglas Avenue
Suite 1408
Altamonte Springs, FL 32714

10. Name and Address of New Registered Agent

81 Name DEAN ZIFF
82 Street Address (P.O. Box Number is Not Acceptable)
2999 BRICKELL AVENUE
83
84 City MIAMI FL 85 Zip Code 33129

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

10-20-99

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	DEAN ZIFF	
STREET ADDRESS	2999 BRICKELL AVENUE	
CITY-STATE-ZIP	MIAMI, FL 33129	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	800003038538--1
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	-11/08/99--000000000000
2.3 STREET ADDRESS	***150.00 ***150.00
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-99

DATE

(305) 856-0323

DAYTIME PHONE #

CR2E034 (5/99)

**PARASOX CORPORATION
2999 BRICKELL AVENUE
MIAMI, FL 33129
PHONE (305) 856-0323
FAX (305) 856-1373**

October 20, 1999

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORT FILINGS
P.O. BOX 6327
TALLAHASSEE, FL 32314**

Dear Department of State,

We recently went to open a new checking account for Paradox Corporation, at which time the officer at our bank advised us that the corporation was dissolved. We contacted your office and the representative confirmed that the corporation was dissolved for failure to file the 1999 Annual Corporate Report. I explained that there have been several changes of address, and that we had never received the: First Notice; Second Notice; or the Notice of Dissolution.

The representative advised us that she would forward to us an Annual Report to complete. She explained that we were allowed a one-time waiver of the dissolution fee, and that we should forward a letter explaining the circumstances behind our request for the waiver.

Enclosed please find a completed Annual Report, the annual fee of One Hundred Fifty (\$150) Dollars and this letter-requesting waiver of the dissolution fee. We look forward to a favorable ruling on our behalf to waive the additional fees.

Should you have any questions, please do not hesitate to contact our office.

Sincerely,


Dean Ziff
President