

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V56137 (5)  
1. Corporation Name  
PARAMOUNT FINANCE CORPORATION

Principal Place of Business  
740 71ST ST  
MIAMI BEACH FL 33141

Mailing Address  
P.O. BOX 41-4837  
MIAMI BEACH FL 33141-0837  
US



2. Principal Place of Business 21 1111 KANE CONCOURSE Suite, Apt. #, etc. 22 SUITE # 610 City & State 23 BAY HARBOR FL. Zip 24 33154 Country 25 U.S.A.		2a. Mailing Address 26 P.O. BOX 402188 Suite, Apt. #, etc. 27 City & State 28 MIAMI BEACH FL. Zip 29 33140 Country 30 U.S.A.		3. Date Incorporated or Qualified 08/07/1992	3a. Date of Last Report 05/01/1996
				4. FCI Number 65-0338122	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WASERSTEIN, RICHARD  
913 NORMANDY DR  
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAJMAN, MILTON	1.2 NAME	
STREET ADDRESS	740 71ST ST	1.3 STREET ADDRESS	1111 KANE CONCOURSE SUITE #610
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	BAY HARBOR FL. 33154
TITLE	VDS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAJMAN, ISAAC	2.2 NAME	
STREET ADDRESS	740 71ST ST	2.3 STREET ADDRESS	1111 KANE CONCOURSE SUITE #610
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	BAY HARBOR FL. 33154
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: MILTON RAJMAN

4-24-97

305 BGA-8784

CR2E034 (9/96)