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FILED
Apr 29 1996 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # V55967 (6)

1. Corporation Name
PADA ENTERPRISES, INC.

Principal Place of Business Mailing Address

~~U-6-14-MM-804~~ ~~P.O. BOX 276~~
BIG PINE KEY FL 33043 **BIG PINE KEY FL 33043**
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	30313 O'Seas Hwy	26	P.O. Box 430276	08/04/1992	05/01/1995
Suits, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
				65-0341641	Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24		29		<input type="checkbox"/>	
25	Country	30	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KAJFASZ, PAUL RT. 5, BOX 22X BIG PINE KEY FL 33043				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				357 SHIPSWAY			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAJFASZ, PAUL E.	1.2 NAME	
STREET ADDRESS	RT-5 BOX 22X	1.3 STREET ADDRESS	357 SHIPSWAY
CITY-ST-ZIP	BIG PINE KEY FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAJFASZ, DAVID R.	2.2 NAME	
STREET ADDRESS	RT-5 BOX 19AX	2.3 STREET ADDRESS	263 SHIPSWAY
CITY-ST-ZIP	BIG PINE KEY FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAJFASZ, DAVID R.	3.2 NAME	
STREET ADDRESS	RT-5 BOX 19AX	3.3 STREET ADDRESS	263 SHIPSWAY
CITY-ST-ZIP	BIG PINE KEY FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAJFASZ, PAUL	4.2 NAME	
STREET ADDRESS	RT-5 BOX 22X	4.3 STREET ADDRESS	357 SHIPSWAY
CITY-ST-ZIP	BIG PINE KEY FL	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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:  **PAUL E. KAJFASZ** 4/23/96 305/872-3926
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (12/95)