

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

22495 6-1521-C

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:09

DOCUMENT # **491600** (3)

1. Corporation Name
C.M. PALACIO INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
3664 PALM AVENUE HIALEAH FL 33012

3. Date Incorporated or Qualified **11/24/1975** 3a. Date of Last Report **02/18/1994**

2. Principal Place of Business 2a. Mailing Address
21 **26**

4. FEI Number **59-1639794** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State City & State
23 **28**

6. Director Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country Zip Country
24 **25** **29** **30**

8. This corporation has liability for intangible tax under § 199.037, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**PALACIO, MARIA E.
4501 E. 8TH COURT
HIALEAH FL 33013**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

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 the applicable fee) (If 11. Registered Agent (signature of registered agent, applicable fee)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALACIO, MARIA E.	12 NAME	
STREET ADDRESS	4501 E 8TH COURT	13 STREET ADDRESS	
CITY, ST, ZIP	HIALEAH FL	14 CITY, ST, ZIP	
TITLE	S	15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALACIO, MARIA E.	16 NAME	
STREET ADDRESS	4501 E 8TH COURT	17 STREET ADDRESS	
CITY, ST, ZIP	HIALEAH FL	18 CITY, ST, ZIP	
TITLE		19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		20 NAME	
STREET ADDRESS		21 STREET ADDRESS	
CITY, ST, ZIP		22 CITY, ST, ZIP	
TITLE		23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		24 NAME	
STREET ADDRESS		25 STREET ADDRESS	
CITY, ST, ZIP		26 CITY, ST, ZIP	
TITLE		27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		28 NAME	
STREET ADDRESS		29 STREET ADDRESS	
CITY, ST, ZIP		30 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and claims not equally for the exemption stated in Sections 199.037, Florida Statutes. I further certify that the information indicated on the 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 on Block 12 or Block 13 of change report on an attachment with an address.

SIGNATURE: *Maria E. Palacio* Maria E. Palacio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIFY OFFICER OR DIRECTOR

1/22/95 305-822-1000