

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

FILED

97 JAN 16 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Cendra S. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 491600
1. Corporation Name
C. M. PALACIO, INC

Principal Place of Business Mailing Address
3664 Palm Avenue 3664 Palm Ave
Hialeah, Florida 33012 Hialeah Fla 33012

21	2. Principal Place of Business	25	Country	26	2a. Mailing Address	29	Country
22	Suite, Apt # etc	27	City & State	28	Suite, Apt # etc	30	City & State
23	City & State	24	Zip	28	City & State	29	Zip

3	Date Incorporated or Qualified	3a	Date of Last Report
4	FEI Number	5	Certificate of Status Desired
6	Election Campaign Financing Trust Fund Contribution	8	This corporation has liability for intangible tax under s. 199.032 Florida Statutes

9. Name and Address of Current Registered Agent
MARIA E. PALACIO
4501 E. 8th Court
Hialeah, Fla 33013

10. Name and Address of New Registered Agent
81 Name RODRIGUEZ, JORGE E
82 Street Address (P.O. Box Number is Not Acceptable)
83 1110 NW 61st Avenue
84 City Hialeah FL 85 Zip Code 33012

I, 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 607.0506, Florida Statutes.

SIGNATURE *[Signature]* JORGE E. Rodriguez

12 OFFICERS AND DIRECTORS		13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	RODRIGUEZ, JORGE E	1.2 NAME	
STREET ADDRESS	11110 N.W. 61ST AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	1.4 CITY-ST-ZIP	
TITLE	DR	2.1 TITLE	5000020630
NAME	RODRIGUEZ, BARBARA	2.2 NAME	-01/21/97--01021--001
STREET ADDRESS	1110 NW 61st Avenue	2.3 STREET ADDRESS	***165.00 ***165.00
CITY-ST-ZIP	Hialeah, Fla 33012	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

[Signature]
1/16/97

I, I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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. 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 or on an attachment with an address.

SIGNATURE: *[Signature]*