

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

FILED  
 96 JUN 20 PM 2: 52  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 563622 (0)

1. Corporation Name

PALM SPRINGS ENTERPRISES, INC.



Principal Place of Business: 17601 N.W. 78TH AVENUE HIALEAH FL 33015  
 Mailing Address: 17601 N.W. 78TH AVENUE HIALEAH FL 33015

3. Date Incorporated or Qualified: 03/31/1978  
 3a. Date of Last Report: 01/31/1995  
 4. FEI Number: 59-1808635  
 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
 Suite, Apt. #, etc: 22 9688 SW 24ST  
 City & State: 23 MIAMI FLORIDA  
 Zip: 24 33165  
 Country: 25 DADE USA  
 2a. Mailing Address: 26  
 Suite, Apt. #, etc: 27 9688 SW 24ST  
 City & State: 28 MIAMI FLORIDA  
 Zip: 29 33165  
 Country: 30 DADE USA

9. Name and Address of Current Registered Agent  
 MARQUEZ, JOSE M ESO  
 780 NW LEJEUNE RD  
 STE 400  
 MIAMI FL 33126

10. Name and Address of New Registered Agent  
 81 Name: SAME  
 82 Street Address (P.O. Box Number is Not Acceptable): 782 NW LeJeune Road  
 83 Suite 548  
 84 City: Miami FL 85 Zip Code: 33126

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: *Jose M. Marquez* Jose M. Marquez 6/19/96  
Signature typed or printed name of registered agent and the name of the corporation (NONE) Registered Agent signature required when terminating. DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	GUERRA, JORGE	
STREET ADDRESS	8440 SW 58 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HERRAN, JOSE ANTONIO	
STREET ADDRESS	8455 GRAND CANAL DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HERRAN, MANUEL A	
STREET ADDRESS	8460 SW 5TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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, 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Manuel A. Herran* MANUEL A HERRAN 6/19/96 224-8257  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE BY THE PRINCIPAL

CR2E034 (3/96)