

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -3 PM 6:03

DOCUMENT # 726688 (5)

1. Corporation Name
PALM-EAST GARDENS INC.

Principal Place of Business Mailing Address
1890 W. 56TH STREET HIALEAH FL 33012-7363

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/12/1973	3a. Date of Last Report 04/08/1994
4. FEI Number 59-1504883	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent BECKER, POLIAKOFF & STREITFELD, PA 6181 BLUE LAGOON DR., STE 250 ATTENTION: ROSE M. DE LA CAMARA MIAMI FL 33128	10. Name and Address of New Registered Agent 61 Name 62 Street Address (P.O. Box Number is Not Acceptable) 63 64 City 65 Zip Code FL
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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 reconstituting) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PDP	ZERQUERA, RENE	1.1 TITLE PDP	GEORGINA M. RUIZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1850 W. 56TH ST.	1.2 NAME	1890 W. 56st
STREET ADDRESS	HIALEAH FL	1.3 STREET ADDRESS	Hialeah, Fl. 33012
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE TDT	GARDIN, ESTHER	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1810 W. 56 ST.	2.2 NAME	
STREET ADDRESS	HIALEAH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE SDS	PASTOR, GERARDO	3.1 TITLE SDS	Gilberto Alonso <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1890 W. 56TH ST.	3.2 NAME	1810 W. 56 st
STREET ADDRESS	HIALEAH FL	3.3 STREET ADDRESS	Hialeah Fl. 33012
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE: *Georgina M Ruiz* **Georgina M. Ruiz** **03.24.95** **552-6441**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT (Date) (Signature / Phone #)