

FILE NOW: FILING FEE IS \$61.25

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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90066 012 ****61.25



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

NONPROFIT
CORPORATION
ANNUAL REPORT
1999

DOCUMENT # 726688

1. Corporation Name
PALM-EAST GARDENS INC.

Principal Place of Business
1850 W 56 ST
AT OFFICE
HIALEAH FL 33012-7363
US

Mailing Address
1850 W 56 ST
AT OFFICE
HIALEAH FL 33012
US

* 2 4 8 1 3 0
248135 - 90066 - 12



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/12/1973	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1504883	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BECKER & POLIAKOFF, P.A. WATER FORD CENTER PARK-5201 BLUE LAGOON DR, STE 1000, AT. ROSA DE LA CAMARA MIAMI FL 33126				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	PDP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	RUIZ, GEORGINA M.		1.2 NAME				
STREET ADDRESS	1890 W. 56ST		1.3 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST-ZIP				
TITLE	TDI	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GARDIN, ESTHER		2.2 NAME				
STREET ADDRESS	1810 W. 56 ST.		2.3 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH FL		2.4 CITY-ST-ZIP				
TITLE	SDS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GILBERTO, ALONSO		3.2 NAME	AVILIO DEL VALLE			
STREET ADDRESS	1810 W. 56 ST		3.3 STREET ADDRESS	1850 W. 56 st.			
CITY-ST-ZIP	HIALEAH FL		3.4 CITY-ST-ZIP	HIALEAH, FL. 33012			
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 3.22.99 DAYTIME PHONE #: 305.558.6441