

**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

DOCUMENT # **L30756** (5)

1. Corporation Name  
**LA GORCE PALACE, INC.**



Principal Place of Business: **11098 BISCAYNE BLVD. SUITE 402 MIAMI FL 33161-7486**  
Mailing Address: **11098 BISCAYNE BLVD. SUITE 402 MIAMI FL 33161-7486**

3. Date Incorporated or Qualified: **11/20/1989**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **65-0227244**  
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, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**BEDZOW, MICHAEL ESO.  
20803 BISCAYNE BLVD  
SUITE 200  
AVENTURA FL 33180**

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 of the person furnishing knowledge and filing this report

NOTE: Registered Agent signature required when filing

DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>PTD</b>	<input type="checkbox"/>
NAME	<b>BEDZOW, CHARLES</b>	
STREET ADDRESS	<b>11098 BISCAYNE BLVD. 402</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>VDS</b>	<input type="checkbox"/>
NAME	<b>SHAPIRO, HOWARD</b>	
STREET ADDRESS	<b>11098 BISCAYNE BLVD. 402</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/>
NAME	<b>BEDZOW, SALLY</b>	
STREET ADDRESS	<b>11098 BISCAYNE BLVD. #402</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11. TITLE	<b>V</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. NAME	<b>BLANCO, CAMILO</b>		
13. STREET ADDRESS	<b>11098 Biscayne Blvd, Suite 402</b>		
14. CITY - ST - ZIP	<b>MIAMI, FL 33161</b>		
21. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22. NAME			
23. STREET ADDRESS			
24. CITY - ST - ZIP			
31. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32. NAME			
33. STREET ADDRESS			
34. CITY - ST - ZIP			
41. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42. NAME			
43. STREET ADDRESS			
44. CITY - ST - ZIP			
51. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52. NAME			
53. STREET ADDRESS			
54. CITY - ST - ZIP			
61. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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. 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.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/96 305 891-2987  
DATE

CR2E034 (3/96)