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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000008265 (0)

FILED Feb 13 1998 8:00am Secretary of State

PALAC	on Name CE RESOR	ITS, INC.	00002	00 (0)						
Principal Place of Business Mailing Address									FORTER BANK OFFI	
2125 W OKEECHOBEE ROAD 2125 W OKEECHOBEE RO					ROAD					
HIALEAH FL 33012 HIALEAH FL 33012										
							DO NOT WRITE I	IN THIS SPACE		
							3. Date Incorporated or Qualified 12/01/1992			
	Place of Busin	1088	2a. Mailing Address				4. FEI Number		Applied For	
21			26				65-0498136		Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional	
City & State			City & State						Required	
23			28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
	Zip Country			Zip Country				8. This corporation owes or has paid the current year Intangible		
24	l	25 29		30		Personal Property Tax due June 30. Yes No				
= · · · · · · · · · · · · · · · · · · ·		and Address of Curren		gent	1001		10. Name and Address of New Reg			
DE	EL REY, JOI	RGE			81	Name				
7830 S.W. 82 CT.					92	Stroot Ad	dress (P.O. Box Number is Not Acceptable	-\		
	IAMI FL 331			82 Street A			idless (F.O. Box Number is Not Acceptable	0)		
					83					
					84	City			p Code	
								FL TI	·	
	to the provisi registered ag am familiar wi	ions of Sections 607.050: ent, or both, in the State th, and accept the obliga	2 and 607.1508 of Florida. Such ations of, Section	i, Florida Statul n change was n 607.05 0 5, Fl	tes, the abov authorized b orida Statute	e-named co y the corpor s.	orporation submits this statement for the puration's board of directors. I hereby accept	rpose of changing the appointment a	its registered as registered	
SIGNATURE	Signature, type of	properties of right red ages	of and the if applicat	le (NOT	E: Repistered An	erit sinnature rec	quired when reinstating)	DATE		
12.		OFFICE S AND			13.		ADDITIONS/CHANGES TO OFFICE		ORS IN 12	
TITLE	PVTS			DELETE	1 1 TITLE			Change		
NAME		y, Jorge			1.2 NAME				ļ	
STREET ADDRESS	_	OKEECHOBEE ROAD)		1.3 STREET	ADDRESS				
CITY-ST-ZIP	HIALEA	1 FL 33 012			1.4 CiTY-5	ST - ZIP				
TITLE				DELETE	2.1 TITLE		-	☐ Change	Addition	
NAME	1				2.2 NAME				i	
STREET ADDRESS					2.3 STREET	ADDRESS	•			
CITY-ST-ZIP					2. 4 CITY-	ST-ZIP				
TITLE				☐ DELETE	3.1 TITLE			☐ Change	Addition	
NAME					3 2 NAME					
STREET ADDRESS					3.3 STHEET	ADDRESS			+	
CITY-ST-ZIP				DOUETE	3.4. CITY-	ST - ZIP				
TITLE				☐ DELETE	4.1 TITLE			[_] Change	Addition	
NAME					4. 2 NAME					
STREET ADDRESS					4.3 STREET					
CITY-ST-ZIP	<u>-</u>			DELETE	4.4 CITY - S	T-ZIP			3 4 4 4 5 1	
TITLE				FT NETCLE	5.1 TITLE	-		L Change	Addition	
NAME CAREET ABORESS					5.2 NAME	+CDDECC				
STREET ADDRESS					5.3 STREET					
CITY-ST-ZIP TITLE	-			DELETE	5.4 CITY-S 6.1 TITLE	1 - ZIP		Dhr	Addition	
NAME				0	6.2 NAME			L. Change	Addition	
STREET ADDRESS						*DD0000			ļ	
CITY-ST-ZIP					6.3 STREET 6.4 City - S				ĺ	
OUT TO USE I	i				■ 0.4 UIIT-5	1 * EIF			l l	

14. Thereby 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.