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Apr 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000016868 (7)

1. Corporation Name  
PALMAVIVA, INC.



Principal Place of Business: 1540 GULF BLVD., #1105 CLEARWATER FL 34630  
Mailing Address: 1540 GULF BLVD., #1105 CLEARWATER FL 34630-2962

3. Date Incorporated or Qualified: 02/22/1996  
3a. Date of Last Report: [blank]  
4. FEI Number: 59-3364950  
Applied For: [blank] / 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: [X] Yes [ ] No

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

9. Name and Address of Current Registered Agent

PALMA, CESAR  
1540 GULF BLVD., #1105  
CLEARWATER FL 34630

10. Name and Address of New Registered Agent

81 Name: [blank]  
82 Street Address (P.O. Box Number is Not Acceptable): [blank]  
83 [blank]  
84 City: [blank] FL 85 Zip Code: [blank]

11. Pursuant to the provisions of Sections 607.05(2) and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 the accounting obligations of Section 607.0505, Florida Statutes.

SIGNATURE

CESAR PALMA PRESIDENT

4/22/97

Signature of the printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS  
1.1 TITLE: [ ] DELETE  
1.2 NAME: PALMA, CESAR  
1.3 STREET ADDRESS: 1540 GULF BLVD., #1105  
1.4 CITY-ST-ZIP: CLEARWATER FL 34630  
2.1 TITLE: [ ] DELETE  
2.2 NAME: [blank]  
2.3 STREET ADDRESS: [blank]  
2.4 CITY-ST-ZIP: [blank]  
3.1 TITLE: [ ] DELETE  
3.2 NAME: [blank]  
3.3 STREET ADDRESS: [blank]  
3.4 CITY-ST-ZIP: [blank]  
4.1 TITLE: [ ] DELETE  
4.2 NAME: [blank]  
4.3 STREET ADDRESS: [blank]  
4.4 CITY-ST-ZIP: [blank]  
5.1 TITLE: [ ] DELETE  
5.2 NAME: [blank]  
5.3 STREET ADDRESS: [blank]  
5.4 CITY-ST-ZIP: [blank]  
6.1 TITLE: [ ] DELETE  
6.2 NAME: [blank]  
6.3 STREET ADDRESS: [blank]  
6.4 CITY-ST-ZIP: [blank]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE: [ ] Change [ ] Addition  
1.2 NAME: [blank]  
1.3 STREET ADDRESS: [blank]  
1.4 CITY-ST-ZIP: [blank]  
2.1 TITLE: [ ] Change [ ] Addition  
2.2 NAME: [blank]  
2.3 STREET ADDRESS: [blank]  
2.4 CITY-ST-ZIP: [blank]  
3.1 TITLE: [ ] Change [ ] Addition  
3.2 NAME: [blank]  
3.3 STREET ADDRESS: [blank]  
3.4 CITY-ST-ZIP: [blank]  
4.1 TITLE: [ ] Change [ ] Addition  
4.2 NAME: [blank]  
4.3 STREET ADDRESS: [blank]  
4.4 CITY-ST-ZIP: [blank]  
5.1 TITLE: [ ] Change [ ] Addition  
5.2 NAME: [blank]  
5.3 STREET ADDRESS: [blank]  
5.4 CITY-ST-ZIP: [blank]  
6.1 TITLE: [ ] Change [ ] Addition  
6.2 NAME: [blank]  
6.3 STREET ADDRESS: [blank]  
6.4 CITY-ST-ZIP: [blank]

14. I do hereby certify that the information submitted 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 in checked or un-checked attachment with an address.

SIGNATURE:

CESAR PALMA

4/22/97 (813) 593-5715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)