

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY 1 1995 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S13284** (2)

1. Corporation Name

ORLANDO FERNANDEZ, JR., P.A.

Principal Place of Business

2350 CORAL WAY STE.403
MIAMI FL 33145

Main Address

2350 CORAL WAY STE.403
MIAMI FL 33145

(DO NOT WRITE IN THIS SPACE)

3. Date of Incorporation or Qualification: **10/25/1990**
3a. Date of Last Report: **05/01/1994**

21. Principal Place of Business

State, Apt. # etc.

22. City & State

24. Zip

26. Mailing Address

State, Apt. # etc.

27. City & State

29. Zip

4. FEI Number

65-0230278

5. Certificate of Status Desired

28. City & State

30. Country

Applied For
Not Applicable

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

Yes No

9. Name and Address of Current Registered Agent

**FERNANDEZ, ORLANDO, JR
10957 S W 73RD STREET
MIAMI FL 33173**

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 typed or printed name of registered agent or other filer)

(Signature typed or printed name of registered agent or other filer)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	FERNANDEZ, ORLANDO, JR
STREET ADDRESS	2350 CORAL WAY STE. 403
CITY & ZIP	MIAMI FL 33145
TITLE	
NAME	
STREET ADDRESS	
CITY & ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY & ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY & ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY & ZIP	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY & ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY & ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY & ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY & ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 319.02(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary filing 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 owner of a trust or a trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report or on an attachment with an address.

SIGNATURE:

(Handwritten Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

4/25/95 (315) 854-4779
TALLAHASSEE, FLORIDA

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CORPORATION
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1995



FLORIDA DEPARTMENT OF STATE
Linda B. Mason
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S13581 (1)**
1. Corporation Name
PALM COMPUTERS INC.

SEP 11 1995 11:13

REC'D - STATE DEPT
TALLAHASSEE, FLORIDA

Principal Place of Business: 1560 NE 132 RD N MIAMI FL 33161 US
Mailing Address: 1560 NE 132 RD N MIAMI FL 33161 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/22/1990	3a. Date of Last Report 08/04/1994
4. FFI Number 65-0244579	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
6. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt # etc	26. State Apt # etc
22. City & State	27. City & State
24. Zip Country	29. Zip Country

9. Name and Address of Current Registered Agent

PARENTEAU, BERNARD
1560 NE 132 RD
N MIAMI FL 33161

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 607.0507 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 607.0507, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

OFFICE	D
NAME	PARENTEAU, BERNARD
STREET ADDRESS	1560 NE 132 RD
CITY & STATE	N. MIAMI FL 33161
OFFICE	
NAME	
STREET ADDRESS	
CITY & STATE	
OFFICE	
NAME	
STREET ADDRESS	
CITY & STATE	
OFFICE	
NAME	
STREET ADDRESS	
CITY & STATE	
OFFICE	
NAME	
STREET ADDRESS	
CITY & STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICE	NAME	STREET ADDRESS	CITY & STATE	Change	Addition
OFFICE	NAME	STREET ADDRESS	CITY & STATE	Change	Addition
OFFICE	NAME	STREET ADDRESS	CITY & STATE	Change	Addition
OFFICE	NAME	STREET ADDRESS	CITY & STATE	Change	Addition
OFFICE	NAME	STREET ADDRESS	CITY & STATE	Change	Addition
OFFICE	NAME	STREET ADDRESS	CITY & STATE	Change	Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.032 and 199.033, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall bear the same legal effect as if my name were that of an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Bernard Parenteau* **BERNARD PARENTEAU**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95 305-890-0490