

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 164370 (9)

1. Corporation Name

PALMER CRAVAT INC



Principal Place of Business

Mailing Address

5296 NW 163RD ST  
MIAMI FL 33014  
US

5296 N.W. 163RD STREET  
MIAMI FL 33014-6226  
US

2. Principal Place of Business

2a. Mailing Address

21 5220 N.W. 163<sup>RD</sup> ST.

26 5220 N.W. 163<sup>RD</sup> ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 MIAMI, FLA.

28 MIAMI, FLA.

24 33014

25 U.S.A.

29 33014

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHWARTZ, PAUL  
5296 N.W. 163RD STREET  
MIAMI FL 33014

81 Name

SCHWARTZ, PAUL

82

Street Address (P.O. Box Number is Not Acceptable)

5220 N.W. 163<sup>RD</sup> STREET

83

City

84

MIAMI

FL

85

Zip Code  
33014

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

*Paul Schwartz*  
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstalling)

4-12-96  
DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME SCHWARTZ, JEAN  
STREET ADDRESS 5296 NW 163RD STREET  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE PD  
NAME SCHWARTZ, PAUL  
STREET ADDRESS 5296 NW 163RD STREET  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME SCHWARTZ, JEAN ☒ Change ☐ Addition  
1.3 STREET ADDRESS 5220 NW 163<sup>RD</sup> STREET  
1.4 CITY-ST-ZIP MIAMI, FLA. 33014

2.1 TITLE PD  
2.2 NAME SCHWARTZ, PAUL ☒ Change ☐ Addition  
2.3 STREET ADDRESS 5220 NW 163<sup>RD</sup> STREET  
2.4 CITY-ST-ZIP MIAMI, FLA. 33014

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE: *Paul Schwartz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR. 12, 1996 305-624-4500  
Date Daytime Phone #

CR2E034 (12/95)