2-22-95 B-1422-C

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:01

DOCUMENT # F77348 (3)

1. Corporation Name
PALOCRAVE INVESTMENTS LTD., INC.

Principal Place of Business
5927 S.W. 40TH ST.
MIAMI FL 33243
US

Mailing Address
P.O. BOX 431409
MIAMI FL 33243-1409

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/22/1982
3a. Date of Last Report: 09/19/1994

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

4. FEI Number: NOT APPLICABLE — 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

9. Name and Address of Current Registered Agent
WRIGHT, E.M.
5927 S.W. 40TH STREET
MIAMI FL 33243

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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	~~WRIGHT, E.M.~~
STREET ADDRESS	5927 S.W. 40TH STREET
CITY-ST-ZIP	MIAMI FL 33243
TITLE	VPD
NAME	~~JAMES, JAMES J~~
STREET ADDRESS	5927 S.W. 40TH STREET
CITY-ST-ZIP	MIAMI FL 33243
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Director ☒ Change ☐ Addition
1.2 NAME	James J. James
1.3 STREET ADDRESS	5927 S.W. 40th Street
1.4 CITY-ST-ZIP	Miami, Florida 33243
2.1 TITLE	V. Pres./Director/Secretary ☒ Change ☐ Addition
2.2 NAME	E.M.Wright
2.3 STREET ADDRESS	5927 S.W. 40th Street
2.4 CITY-ST-ZIP	Miami, Florida 33243
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with any address.

SIGNATURE: James J. James — James J. James, Pres. 2/17 305-221-2401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0431423 FP