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

APPROVED AND FILED
95 APR 26 AM 10:49
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # G44549 (5)

1. Corporation Name
PALMETTO LAND CORPORATION

Principal Place of Business	Mailing Address
C/O DOMINGO PANDO 5890 WEST 20TH AVENUE HIALEAH FL 33016	C/O DOMINGO PANDO 5890 WEST 20TH AVENUE HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/21/1983
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 DOMINGO PANDO	26 DOMINGO PANDO
Suite, Apt. #, etc. 22 16969 N.W. 67th AVE.#200	Suite, Apt. #, etc. 27 16969 N.W. 67th AVE. #200
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL.
Zip 24 33015 — Country 25 USA	Zip 29 33015 — Country 30 USA

4. FEI Number: 59-2391497 — ☐ 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

MIAMI CORPORATE SYSTEMS
5200 BLUE LAGOON DRIVE, SUITE 700
MIAMI FL 33126

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDS	1.1 TITLE	PDS	☒ Change ☐ Addition
NAME	PANDO, DOMINGO	1.2 NAME	PANDO, DOMINGO	
STREET ADDRESS	5890 WEST 20TH AVENUE	1.3 STREET ADDRESS	16969 N.W. 67th. AVE. #200	
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	MIAMI, FL. 33015	
TITLE	TD	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	EMILIO PANDO	2.2 NAME	PANDO, EMILIO	
STREET ADDRESS	5890 WEST 20TH AVENUE	2.3 STREET ADDRESS	16969 N.W. 67th. AVE. #200	
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	MIAMI, FL. 33015	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 an address.

SIGNATURE: [signature] 04/21/95 (305) 362-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CF