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96 MAY -1 PM 2: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G62461** (0)
1. Corporation Name
PALACE CATERING, INC.

Principal Place of Business Mailing Address
**1036 SW FIRST ST
MIAMI FL 33130
US** **1036 SW 1 ST
MIAMI FL 33130
US**

2. Principal Place of Business 2a. Mailing Address
21 **2300 CORAL WAY** 26 **2300 CORAL WAY**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **MIAMI FLORIDA,** 27 **MIAMI FLORIDA,**
City & State City & State
23 **33145** 24 **US.** 25 **33145** 26 **US.**
Zip Country Zip Country

3. Date Incorporated or Qualified **09/13/1983** 3a. Date of Last Report **04/27/1995**
4. FEI Number **59-2319599** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be
Added to Fees**
7. This corporation has liability for intangible tax under s. 199.03?
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES INC
1036 S.W. 1 ST.
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name **FLORIDA ANNUAL REPORT SERVICES, INC.**
82 Street Address (P.O. Box Number is Not Acceptable)
2300 CORAL WAY SUITE # 200
83
84 City **MIAMI** FL 85 Zip Code **33145**

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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

AMADA CANTERA LOPEZ, PRES

(Print Name and Title of Registered Agent or Representative)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
PV	NUNEZ, EMILIO	1115 SW 18TH AVE.	MIAMI FL	☐
ST	NUNEZ, JULIAN	1115 SW 18TH AVE.	MIAMI FL	☐
				☐
				☐
				☐
				☐
				☐

13.

TITLE	NAME	STREET ADDRESS	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EMILIO NUNEZ

4/30/96

CR2E034 (12/95)