FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
99 MAY -3 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G62461

1. Corporation Name
PALACE CATERING,INC.

Principal Place of Business	Mailing Address
2300 CORAL WAY #200 MIAMI FL 33145 US	2300 CORAL WAY #200 MIAMI FL 33145 US

2. Principal Place of Business	2a. Mailing Address
21 2300 Coral Way	26 2300 Coral Way
Suite, Apt #, etc. 22 Suite # 200	Suite, Apt #, etc. 27 Suite # 200
City & State 23 Miami Florida	City & State 28 Miami Florida
Zip 24 33145 Country 25	Zip 29 33145 Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/13/1983
4. FEI Number
59-2319599
[ ] 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 owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC
2300 CORAL WAY
#200
MIAMI FL 33145

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] AMADA CANTERA LOPEZ, President 4/27/99

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

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	P/V/NUNEZ JULIAN	[ ] Change	[ ] Addition
1 2 NAME	1115 S.W.18TH AVEN		
1 3 STREET ADDRESS	MIAMIFLORIDA		
1 4 CITY-ST-ZIP			
2 1 TITLE		[ ] Change	[ ] Addition
2 2 NAME			
2 3 STREET ADDRESS			
2 4 CITY-ST-ZIP			
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			

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****150.00 ****150.00

NB 5/3

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: [signature] 4/27/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)

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