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

DOCUMENT # H50952 (1)

1. Corporation Name

PALACE BLEU, INC.

Principal Place of Business: ~~520 NORTH BIRCH ROAD FORT LAUDERDALE FL 33304~~

Mailing Address: ~~520 NORTH BIRCH ROAD FORT LAUDERDALE FL 33304~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/05/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2662243 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Box 11554	26 Box 11554
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23 FT. LDLE, FL.	City & State 28 FT. LDLE, FL.
Zip 24 33339 — County 25 BROWARD	Zip 29 33339 — County 30 BROWARD

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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~DIDIA, FRANK~~	81 Name: F. DIDIA
~~520 N BIRCH RD~~	82 Street Address (P.O. Box Number is Not Acceptable): 823-N.E. 18 ST. #1
~~FORT LAUDERDALE FL 33304~~	83
	84 City: FT. LDLE — FL — 85 Zip Code: 33304

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] — DATE: 4-20-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 TITLE	PD ☑ Change ☐ Addition
NAME	KELLY, F. J	1 NAME	J. KELLY
STREET ADDRESS	520 N. BIRCH RD.	1 STREET ADDRESS	BOX 11554
CITY-ST-ZIP	FORT LAUDERDALE FL	1 CITY-ST-ZIP	FT. LDLE, FL. 33339
TITLE	CMT	2 TITLE	V/T/S ☑ Change ☐ Addition
NAME	DIDIA, FRANK	2 NAME	F. DIDIA
STREET ADDRESS	520 BIRCH RD	2 STREET ADDRESS	BOX 11554
CITY-ST-ZIP	FT LAUDERDALE FL	2 CITY-ST-ZIP	FT. LDLE, FL 33339
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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] J. KELLY — 4-20-95 — 305-566-7960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0212334 CP