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 MAY -1 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H59479** **(6)**

1. Corporation Name
PALMAS, INC.

Principal Place of Business	Mailing Address
MEXICAN PAVILION-EPCOT CENTER P.O. BOX 22136 LAKE BUENA VISTA FL 32830	MEXICAN PAVILION-EPCOT CENTER P.O. BOX 22136 LAKE BUENA VISTA FL 32830

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/30/1985**
3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **59-2615010** ☐ 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

DEBLER, RICHARD D.
MEXICAN PAVILION-EPCOT CENTER
LAKE BUENA VISTA FL 32830

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	DEBLER, RICHARD D.	12 NAME	
STREET ADDRESS	MEXICAN PAVILION EPCOT	13 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	VILLEGAS, MANUEL Y.	22 NAME	
STREET ADDRESS	MEXICAN PAVILION EPCOT	23 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	DEBLER, RICHARD C.	32 NAME	
STREET ADDRESS	MEXICAN PAVILION EPCOT	33 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	GAMBA, ALBERTO	42 NAME	
STREET ADDRESS	#50 (C/O DIEGO RIVERA)	43 STREET ADDRESS	
CITY-ST-ZIP	01060 MEXICO, D.F.	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HIATT, RANDALL	52 NAME	
STREET ADDRESS	24 MORNING GLORY	53 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	CALVET, OLGA M	62 NAME	
STREET ADDRESS	1367 CAMPBELL ST	63 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	64 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)(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.

SIGNATURE: Olga M. Calvet 4/27/95
SIGNATURE AND TITLE OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0410413 FP