SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

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

3. Date Incorporated or Qualified: **05/30/1985**
3a. Date of Last Report: **05/01/1995**
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

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

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

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	DEBLER, RICHARD D.	
STREET ADDRESS	MEXICAN PAVILION EPCOT	
CITY-ST-ZIP	LAKE BUENA VISTA FL	
TITLE	SD	☐ DELETE
NAME	VILLEGAS, MANUEL Y.	
STREET ADDRESS	MEXICAN PAVILION EPCOT	
CITY-ST-ZIP	LAKE BUENA VISTA FL	
TITLE	D	☐ DELETE
NAME	DEBLER, RICHARD C.	
STREET ADDRESS	MEXICAN PAVILION EPCOT	
CITY-ST-ZIP	LAKE BUENA VISTA FL	
TITLE	D	☐ DELETE
NAME	GAMBA, ALBERTO	
STREET ADDRESS	#50 (C/O DIEGO RIVERA)	
CITY-ST-ZIP	01060 MEXICO, D.F.	
TITLE	D	☐ DELETE
NAME	HIATT, RANDALL	
STREET ADDRESS	24 MORNING GLORY	
CITY-ST-ZIP	IRVINE CA	
TITLE	T	☐ DELETE
NAME	CALVET, OLGA M	
STREET ADDRESS	1367 CAMPBELL ST	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
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	500001900235 -07/22/96--01031--004 ***200.00	☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	7-22-96	☐ Change ☐ Addition
6.2 NAME	JN	
6.3 STREET ADDRESS		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard Debler R. 6/12/96 407-827-8041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (3/96)