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

DOCUMENT # H59479

PALMAS, INC.

Mailing Address

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90103 025 ***150.00



Principal Place	of business	Maning Address			Į.						
MEXICAN PAVILION-EPCOT CENTER MEXICAN PAVILION-EPCO			CENTER								
P.O. BOX 22138		P.O. BOX 22136					DO NOT WE	TE IN THIS	2DACE		
lake buéna v	1STA FL 32830	LAKE BUENA VISTA FL 32830			-	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
					-						
<u> </u>		0 - \$4-11- Add		_			05/30/1985 FEI Number		$-\tau$	Ann	ied For
·	ace of Business	2a. Mailing Address							\vdash		Applicable
21		26					59-2615010		407		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5.	Certifcate of Status Desired			e Req	ditional
22		27 Cib. 8 Ct-t-	City & State			-					
City & State	e	¬ '			1		Election Campaign Financing Trust Fund Contribution				lay Be
23		28	Carret			Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible				rees	
Zip	Country	Zip	Counti	ıy			•	rent year inta	Ingible ☐ Yes	٦	JNo │
24	25		0	_	l		Personal Property Tax. Name and Address of New	Pagistared A			
	9. Name and Address of Current	Kegisterea Agent	8	al N-	 ame	10.	Maille and Address of New	registered A	yent		
DED	LED DICHADO D		ľ	' '	21116						
DEBLER, RICHARD D.				82 Street Address (P.O. Box Number is Not Acceptable)							
MEXICAN PAVILION-EPCOT CENTER			_								
LAKE	E BUENA VISTA FL 32830		8	3							,
	As The Mark L.		8	4 Ci	itv				85	Zip Ci	ode
	The state of the s			i	•		·	FL		·	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	the abo	ve-nai	med corpora	ation	submits this statement for the	purpose of	changin	g its r	egistered
l office or re	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was aut	nonzed b	y the (corporation's	s DO	pard of directors. I hereby acce	pt the appoin	ıtment a	as regi	stered
_	Trialillal with and accept the obligat										
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: F	Registered Ag	gent signa	ature required wh			DATE			
12.	OFFICERS AN	D DIRECTORS	13.			A	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRE	CTOR	S IN 12
TITLE	PD	☐ DELETE	1.1 TITLE						☐ Cha	nge	☐ Addition
I NAME	DEBLER, RICHARD D.		1.2 NAME	E							
STREET ADDRESS			1.3 STRE	REET ADDRESS							
CITY-ST-ZIP			1.4 CITY								ì
TITLE	SD SD	☐ DELETE	2.1 TITLE						Cha	inge	☐ Addition
NAME			2.2 NAME		İ						
1	TELEGRAP, MATOLE 1.			2.3 STREET ADDRESS							
STREET ADDRESS			2.4 CITY-ST-ZIP]
CITY-ST-ZIP			3.1 TITLE		` 				☐ Cha	nae	Addition
TITLE	_									3-	
NAME	DEDLEM, MOTHERS C.			3.2 NAME							ļ
STREET ADDRESS	MEXICAN PAVILION EPCOT		3.3 STREET ADDRESS		1						1
CITY-ST-ZIP	LAKE BUENA VISTA FL		3.4. CITY	_	<u> </u>				Cha	1000	17 Addition
TITLE	. D	☐ DELETÉ	4.1 TITLE						☐ Cha	uige	Addition
NAME	Gamba, Alberto		4. 2 NAM	Œ							
STREET ADORESS	#50 (C/O DIEGO RIVERA)		4.3 STRE	ET ADD	RESS						
CITY-ST-ZIP	01060 MEXICO, D.F.		4.4 CITY-	-ST-ZIP							
TITLE	D	☐ DELETE	5.1 TITLE		-				Cha	nge	Addition \
NAME	HIATT, RANDALL		5.2 NAME	E	İ						,
STREET ADDRESS 24 MORNING GLORY			5.3 STREET ADDRESS		RESS						Ì
CITY-ST-ZIP	15. 11. 15. 15. 1		5.4 CITY-ST-ZIP								
TITLE	T	☐ DELETE	6.1 TITLE	= =					Cha	лде	Addition
NAME !	CALVET, OLGA M		6.2 NAME	E	1						}
STREET ADDRESS	1367 CAMPBELL ST		6.3 STRE	ET ADOI	RESS						
CITY-ST-ZIP	ORI ANDO FL		6.4 CITY								
i uny•si•ZP l	UDIANIKI EL				1						1

14. I hereby certify that the information supplied with this filling 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 parally chapter 607, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(2E034 (11/98)