

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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90251 035 \*\*\*150.00

0193997

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # J77686**

1. Corporation Name  
**THE PINK PALM, III, INC.**



|  |   |
|--|---|
| Principal Place of Business<br>3434 MAIN HWY<br>COCONUT GROVE FL 33133<br>US | Mailing Address<br>3434 MAIN HWY.<br>COCONUT GROVE FL 33133<br>US |
|--|---|

DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

|   |   |
|---|---|
| 3. Date Incorporated or Qualified<br><b>06/11/1987</b>                          | Applied For<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable  |
| 4. FEI Number<br><b>65-0035013</b>  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees  |
| 8. This corporation owes the current year intangible Personal Property Tax.     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                             |

9. Name and Address of Current Registered Agent  
**LONG, BARRY**  
**2421 LAKE PANCOAST DR.**  
**#6-C**  
**MIAMI BEACH FL 33140**

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 \_\_\_\_\_ (NOT Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | DS                          | <input type="checkbox"/> DELETE |
| NAME           | LITACA, STEPHEN             |                                 |
| STREET ADDRESS | 3845 COCO GROVE AVE.        |                                 |
| CITY-ST-ZIP    | COCONUT GROVE FL 33133      |                                 |
| TITLE          | PD                          | <input type="checkbox"/> DELETE |
| NAME           | LONG, BARRY                 |                                 |
| STREET ADDRESS | 2421 LAKE PANCOAST DR. #6-C |                                 |
| CITY-ST-ZIP    | MIAMI BEACH FL 33140        |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 a l other like empowered.

SIGNATURE: BARRY LONG 4/16/99 (305) 445-5575  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)