

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Seal of the State
Tallahassee, Florida

APPROVED
AND
FILED

DOCUMENT # **J87273**

(5)

APR 11 PM 3:22

PALMAR INTERNATIONAL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**0855 SW 41ST ST.
PEMBROKE PARK FL 33023
US**

**0855 SW 41ST ST.
PEMBROKE PARK FL 33023
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified
08/14/1987

3a. Date of last report
04/19/1994

2. Principal Place of Business

2a. Mailing Address

21. Suite Apt. # etc.
3845 S.W. 41 St.
22. City & State

26. Suite Apt. # etc.
3845 S.W. 41 St.
27. City & State

4. Fed Number
59-2836012

Applies 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 franchise tax under § 199.032,
Florida Statutes. ☒ Yes ☐ No

24. State

25. County

28. State

30. County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHARLES A. ROSS PA
0855 SW 41ST ST.
PEMBROKE PARK FL 33023**

81. Name

82. Street Address (P.O. Box Number is not Acceptable)

3845 S.W. 41 St.

83. City

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 607.0504, Florida Statutes.

SIGNATURE

Signature of Current Registered Agent (Print Name)

Signature of New Registered Agent (Print Name)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND LIFE CHANGES

1. NAME	P
2. NAME	RIBADENEIRA, MARIO
3. STREET ADDRESS	3855 SW 41ST ST.
4. CITY, STATE, ZIP	PEMBROKE PINES FL
5. NAME	VSM
6. NAME	RIBADENEIRA, FELIPE
7. STREET ADDRESS	0855 SW 41ST ST.
8. CITY, STATE, ZIP	PEMBROKE PINES FL
9. NAME	
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. NAME	
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	
17. NAME	
18. NAME	
19. STREET ADDRESS	
20. CITY, STATE, ZIP	

1. NAME	☒ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	3845 S.W. 41 St.
4. CITY, STATE, ZIP	
5. NAME	☒ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	3845 S.W. 41 St.
8. CITY, STATE, ZIP	
9. NAME	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. NAME	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	
17. NAME	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, STATE, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not equally for the exemption stated in law 1991-3 (Sik), Florida Statutes. I further certify that the information was filed on this annual report or supplemental annual report is true and correct 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 registered agent 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) on an attachment with an address.

SIGNATURE:

F. Ribadeneira
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FELIPE RIBADENEIRA VICE PRESIDENT

APRIL 18/95