

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K26998 (0)
1. Corporation Name
PALM PRODUCE III, INC.

Principal Place of Business 3434 MAIN HWY COCONUT GROVE FL 33133 US	Mailing Address 3434 MAIN HWY COCONUT GROVE FL 33133 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/24/1988	
21		26		4. FEI Number 65-0095008	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent LONG, BARRY 3737 MATHESON AVE. COCONUT GROVE FL 33133				10. Name and Address of New Registered Agent	
				81 Name	BARRY LONG
				82 Street Address (P.O. Box Number is Not Acceptable)	2421 LAKE PANCAKE DR. #6C
				83	
				84 City	MIAMI BEACH
				85	FL
				86 Zip Code	33140

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	DP			1.1 TITLE	DP		
NAME	LONG, BARRY			1.2 NAME	LONG, BARRY		
STREET ADDRESS	3434 MAIN HWY			1.3 STREET ADDRESS	2421 LAKE PANCAKE DR #6C		
CITY - ST - ZIP	COCONUT GROVE FL 33133			1.4 CITY - ST - ZIP	MIAMI BEACH, FL 33140		
TITLE	DS			2.1 TITLE	DS		
NAME	LICATA, STEPHEN			2.2 NAME	LICATA, STEPHEN		
STREET ADDRESS	4110 E1 PRADO BLVD			2.3 STREET ADDRESS	3845 COCO GROVE AVE		
CITY - ST - ZIP	COCONUT GROVE FL 33133			2.4 CITY - ST - ZIP	COCONUT GROVE, FL 33133		
TITLE	DV			3.1 TITLE	DV		
NAME	RICHMAN, ERIC			3.2 NAME	RICHMAN, ERIC		
STREET ADDRESS	4054 BARBAROSA			3.3 STREET ADDRESS	1153 BARBARA DRIVE		
CITY - ST - ZIP	COCONUT GROVE FL 33133			3.4 CITY - ST - ZIP	LOXAHATCHEE, FL 33470		
TITLE				4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				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 119.07(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:

[Signature]

4/16/98

305-445-5875

CR2E034 (10/97)