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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

| Apr 21 1997 8:00am |
|--------------------|
| Secretary of State |
| |

FILED

| DOCUMENT # K58688 (8) 1. COMPORTION NAME PALMARY, INC. | | | | | | | | |
|---|--|--------------------------------|------------------------|---------------------------------------|--|----------------------------------|-----------------------|--|
| Principal Place of Business Mailing Address | | | | | 4 Deligiti adt Bildi (gita 6110) (dia | FIELL BURG ELSK BISK BIR | I BEBET INDE | |
| BOS LINCOLN ROAD MIAMI BEACH FL 33139 US 509 LINCOLN ROAD MIAMI FL 33139-2913 US | | | | | | | | |
| | | | | | 3. Date Incorporated or Qualified 01/12/1989 | 3a. Date of Lest F 05/01/1996 | Report | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 4, FEI Number | A | pplied For | |
| 21 26 | | | | | 65-0103683 | | ot Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | 1 1 ' ' | Additional equired | |
| 22 | | | | | & Flation Committee Financiae | | | |
| 23 | | 28 | Ony & Oldio | | 6. Election Campaign Financing Trust Fund Contribution | | May Be to Fees | |
| Zip | Country | Zip | Count | · · · · · · · · · · · · · · · · · · · | 8. This corporation has liability for | | | |
| 24 | 25 29 30 | | 30 | | Florida Statutes Yes No | | | |
| | g. Name and Address of Current I | Registered Agent | | | 10. Name and Address of New Re | gistered Agent | | |
| | I, ANNA | |] 8 | 1 Name | | | | |
| | LINCOLN ROAD | | 8: | 2 Street Ad | dress (P.O. Box Number is Not Acceptate | ile) | | |
| MIA | MI BEACH FL 33139 | | | | · | | | |
| l to a second | | | 8: | 3 | | | | |
| | | | 8 | 1 City | | FL 85 Zip | Code | |
| 44 Purculant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes, the above of | | | | | propration submits this statement for the r | | ts registered | |
| 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OUT : Registered Agent signature required when reinstating | | | | | | | | |
| 12. | OFFICERS AND DIRECTORS | | | gon organicae ro | ADDITIONS/CHANGES TO OFFIC | | 3S IN 12 | |
| TITLE | P | DELETE | 1.1 701.8 | | | Change | Addition | |
| NAME | FAN, JACKSON | | 1.2 NAME | | | | | |
| STREET ADDRESS | 509 LINCOLN ROAD | | 1.3 STREI | T ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI BEACH FL | No. co. | 1.4 City- | SI-ZIP | | T-10: | -1 | |
| TITLE | D Jackson, fan | DELETE | 2.1 TITLE | - | | Change | Addition | |
| NAME | 509 LINCOLN ROAD | | 2.2 NAME | | • | | - | |
| STREET ADDRESS CITY-ST-ZIP | MIAMI BEACH FL | | 2.3 STREE | T ADDRESS | | | | |
| TITLE | | DELETE | 31 TITLE | -21-51 | | Change | Addition | |
| NAME | | | 3.2 NAME | f | | • | | |
| STREET ADDRESS | | | 3.3 STREE | T ADDRESS | • | | | |
| CITY-ST-ZIP | | | 3.4 CITY | -S1-ZIP | | | | |
| TITLE | | DELETE | 4.1 TITLE | | | ☐ Change | Addition | |
| NAME | | | 4.2 NAM | | • | | | |
| STREET ADDRESS | | | 4.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | | DEVE15 | 4.4 C(TY- | S1 - ZIP | | | | |
| TITLE | | DELÉTE | 5.1 TITLE | 1 | 3. | L Change | Addition | |
| NAME OTDECT ADDRESS | | | 5.2 NAME | | | | | |
| STREET ADDRESS | | | | 1 ADDRESS | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 5.4 CITY- 6.1 TITLE | 31 - ZIF |) | Change | ☐ Addilion | |
| NAME | | | 6.2 NAME | | | — vvg∗ | | |
| STREET ADDRESS | a, † - | | | T ADDRESS | i | | | |
| CITY-ST-ZIP | production and the second | | 64 CHY- | 1 | | | | |
| | by certify that the information supplied v | vith this filing does not qual | | | ed in Section 119.07(3)(i), Florida Statute | s. I further certify that | the | |

4. I do hereby deftify 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 Blook 12 or Block 13 if changed, or on an attachment with an address.

CIONATURE.

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