

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L18591** (2)

1. Corporation Name
PALMARIGUANI ENTERPRISES CORP.



Principal Place of Business: **901 PONCE DE LEON BLVD, 701 CORAL GABLES FL 33134 US**
Mailing Address: **901 PONCE DE LEON BLVD, 701 CORAL GABLES FL 33134 US**

3. Date Incorporated or Qualified: **09/21/1989**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0298409**
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 intangible tax under s. 199.032, Florida Statutes: Yes No

21. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
22. Suite, Apt. #, etc. City & State
23. City & State Zip Country
24. Zip Country

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

9. Name and Address of Current Registered Agent
**SAEZ, PEDRO P
901 PONCE DE LEON BLVD.
SUITE 701
CORAL GABLES FL 33134**

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 607.0509, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: S	NAME: SAEZ, PEDRO P.	1.1 TITLE: S	NAME: SAEZ, PEDRO P.
STREET ADDRESS: 5200 BLUE LAGOON DRIVE, SUITE 700	CITY-ST-ZIP: MIAMI FL	12 NAME: SAEZ, PEDRO P.	13 STREET ADDRESS: 901 PONCE DE LEON BLVD. #701
CITY-ST-ZIP: MIAMI FL		14 CITY-ST-ZIP: MIAMI FL	15 CITY-ST-ZIP: CORAL GABLES, FLORIDA 33134
TITLE: V	NAME: PUMAREJO, BEATRIZ	2.1 TITLE: V	NAME: PUMAREJO, BEATRIZ
STREET ADDRESS: 5200 BLUE LAGOON DRIVE, SUITE 700	CITY-ST-ZIP: MIAMI FL	2.2 NAME: PUMAREJO, BEATRIZ	2.3 STREET ADDRESS: 901 PONCE DE LEON BLVD. #701
CITY-ST-ZIP: MIAMI FL		2.4 CITY-ST-ZIP: MIAMI FL	2.5 CITY-ST-ZIP: CORAL GABLES, FLORIDA 33134
TITLE: VT	NAME: PUMAREJO, JAIME	3.1 TITLE: DPT	NAME: PUMAREJO, JAIME
STREET ADDRESS: 5200 BLUE LAGOON DRIVE, SUITE 700	CITY-ST-ZIP: MIAMI FL	3.2 NAME: PUMAREJO, JAIME	3.3 STREET ADDRESS: 901 PONCE DE LEON BLVD. #701
CITY-ST-ZIP: MIAMI FL		3.4 CITY-ST-ZIP: MIAMI FL	3.5 CITY-ST-ZIP: CORAL GABLES, FLORIDA 33134
TITLE: DP	NAME: PUMAREJO, ALBERTO M.	4.1 TITLE: DP	NAME: PUMAREJO, ALBERTO M.
STREET ADDRESS: 5200 BLUE LAGOON DRIVE, SUITE 700	CITY-ST-ZIP: MIAMI FL	4.2 NAME: PUMAREJO, ALBERTO M.	4.3 STREET ADDRESS: 5200 BLUE LAGOON DRIVE, SUITE 700
CITY-ST-ZIP: MIAMI FL		4.4 CITY-ST-ZIP: MIAMI FL	4.5 CITY-ST-ZIP: MIAMI FL
TITLE: DP	NAME: PUMAREJO, ALBERTO M.	5.1 TITLE: DP	NAME: PUMAREJO, ALBERTO M.
STREET ADDRESS: 5200 BLUE LAGOON DRIVE, SUITE 700	CITY-ST-ZIP: MIAMI FL	5.2 NAME: PUMAREJO, ALBERTO M.	5.3 STREET ADDRESS: 5200 BLUE LAGOON DRIVE, SUITE 700
CITY-ST-ZIP: MIAMI FL		5.4 CITY-ST-ZIP: MIAMI FL	5.5 CITY-ST-ZIP: MIAMI FL
TITLE: DP	NAME: PUMAREJO, ALBERTO M.	6.1 TITLE: DP	NAME: PUMAREJO, ALBERTO M.
STREET ADDRESS: 5200 BLUE LAGOON DRIVE, SUITE 700	CITY-ST-ZIP: MIAMI FL	6.2 NAME: PUMAREJO, ALBERTO M.	6.3 STREET ADDRESS: 5200 BLUE LAGOON DRIVE, SUITE 700
CITY-ST-ZIP: MIAMI FL		6.4 CITY-ST-ZIP: MIAMI FL	6.5 CITY-ST-ZIP: MIAMI FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]* President Date: **4/30/96** (305) 442-4250

CR2E034 (12/95)

5/1/96