

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

FILED

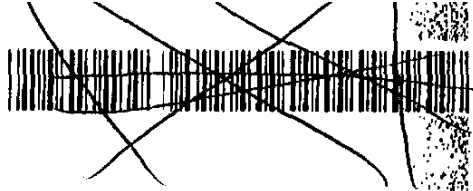
Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L18591 (2)
1. Corporation Name
PALMARIGUANI ENTERPRISES CORP.



Principal Place of Business: 001 PONCE DE LEON BLVD. 701 CORAL GABLES FL 33134 US
Mailing Address: 001 PONCE DE LEON BLVD. 701 CORAL GABLES FL 33134-3073 US

21. Principal Place of Business	26. Mailing Address
22. SUID. APT. #, etc.	27. SUID. APT. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

3. Date Incorporated	Qualified	3a. Date of Last Report
09/21/1989		05/01/1996
4. FEI Number	Applied	Not App
65-0298409		
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Addtl Fee Require
6. Director Compensation	<input type="checkbox"/>	\$5.00 May Added to Fee
7. This corporation has liability for intangible tax under s. 199, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

2. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1500, 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, and the agent is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

1. TITLE	S	<input type="checkbox"/> DELETE
2. NAME	SAEZ, PEDRO P.	
3. STREET ADDRESS	001 PONCE DE LEON BLVD.	
4. CITY - ST - ZIP	CORAL GABLES FL 33134	
5. TITLE	V	<input type="checkbox"/> DELETE
6. NAME	PUMAREJO, BEATRIZ	
7. STREET ADDRESS	001 PONCE DE LEON BLVD.	
8. CITY - ST - ZIP	CORAL GABLES FL 33134	
9. TITLE	VT	<input type="checkbox"/> DELETE
10. NAME	PUMAREJO, JAIME	
11. STREET ADDRESS	001 PONCE DE LEON BLVD.	
12. CITY - ST - ZIP	CORAL GABLES FL 33134	
13. TITLE	DP	<input type="checkbox"/> DELETE
14. NAME	PUMAREJO, ALBERTO M.	
15. STREET ADDRESS	5200 BLUE LAGOON DRIVE, SUITE 700	
16. CITY - ST - ZIP	MIAMI FL	
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY - ST - ZIP		
21. TITLE		<input type="checkbox"/> DELETE
22. NAME		
23. STREET ADDRESS		
24. CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

1. TITLE		<input type="checkbox"/> Change
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		
5. TITLE		<input type="checkbox"/> Change
6. NAME		
7. STREET ADDRESS		
8. CITY - ST - ZIP		
9. TITLE	P	<input type="checkbox"/> Change
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE	VT	<input type="checkbox"/> Change
14. NAME		
15. STREET ADDRESS	901 Ponce De Leon Blvd.	
16. CITY - ST - ZIP	Coral Gables, FL 33134	
17. TITLE		<input type="checkbox"/> Change
18. NAME		
19. STREET ADDRESS		
20. CITY - ST - ZIP		
21. TITLE		<input type="checkbox"/> Change
22. NAME		
23. STREET ADDRESS		
24. CITY - ST - ZIP		

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***165.00

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 the same legal effect as if made under 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: JAIME PUMAREJO
APRIL 9/97