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**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jan 20 1998 8:00am Secretary of State

	IMENT # On Name DA PALACE LIG			(5)						
Principal Plac	ce of Business		Mailino	Address		<del></del>		<b>                                    </b>		
% ALVIN T. GOLDFARB 125 NE 40TH ST MIAMI FL 33137		% ALVIN T. GOLDFARB 125 NE 40TH ST MIAMI FL 33137			DO NOT WRITE	IN THIS SPAC	:E			
MIAMI PL 33	1137		MIAMI	rL 33137			3. Date Incorporated or Qualified 03/14/1990	1111100,710	-	
	Place of Business		— — — — — — — — — — — — — — — — — — —	ing Address			4. FEI Number		<del></del>	lied For
Suite, Apt	# etc		[26] Suite	e, Apl. #, etc.			59-3002578		Not A	Applicable
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City & Sta	ite		City	& State			Election Campaign Financing     Trust Fund Contribution		<b>5.00</b> M Added to	
Zip 4	25	untry	Ζφ 29		Country 30	′	8. This corporation owes or has pail Personal Properly Tax due June	30. 🗹 Ye:	s 🗀	
	9, Name and Ac		nt Hegislered	Agent	81	Name	10. Name and Address of New Reg	gistered Agen	<u> </u>	
	OLDFARB, ALVIN T	•			82		(20.2)	;	·	
125 NE 40TH ST MIAMI FL 33137						Street Add	dress (P.O. Box Number is Not Acceptable	le)		
1710	,				83					
					84	City		<b>—</b> 85	Zip Co	ode
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agent. I a	registered agent, or i am familiar with, and	<b>a</b> ccept the oblig	e of Florida Su jations of, Sec	ich change was lion 607.0505, F	s authorized by Florida Statutes	e-named cor y the corpora s.	rporation submits this statement for the patients board of directors. I hereby accep	t the appointm	ient as re	gistered
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indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the compitation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutos; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

JAN 7, 1998

(305) 576-1995