

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L70405 (0)**
1. Corporation Name
PALM PRODUCE VII, INC.



Principal Place of Business: **3423 MAIN HWY. 328 CRANDON BLVD. COCONUT GROVE FL 33133 US**
Mailing Address: **3423 MAIN HWY. 328 CRANDON BLVD. COCONUT GROVE FL 33133 US**

3. Date incorporated or Qualified: **05/04/1990**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0214981**
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

2. Principal Place of Business: **21 3434 MAIN HWY**
2a. Mailing Address: **26 3434 MAIN HWY**
22. **328 CRANDON BLVD #116**
27. **COCONUT GROVE FL**
23. **COCONUT GROVE FL**
28. **COCONUT GROVE FL**
24. **33133** 25. **USA** 29. **33133** 30. **USA**

9. Name and Address of Current Registered Agent: **LONG, BARRY 3737 METHESON AVENUE COCONUT GROVE FL 33133**
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**

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]* **BARRY LONG PRESIDENT** **4/10/96**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	LONG, BARRY	
STREET ADDRESS	3423 MAIN HWY.	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	LICATA, STEVEN	
STREET ADDRESS	3423 MAIN HWY.	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LONG, BARRY	<i>Correction</i>
1.3 STREET ADDRESS	3737 METHESON AVE	
1.4 CITY-ST-ZIP	COCONUT GROVE FL 33133	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LICATA, STEVEN	<i>Correction</i>
2.3 STREET ADDRESS	4110 EZ PRADO BLVD	
2.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)