

**FILED**  
**Jun 18, 2002 8:00 am**  
**Secretary of State**

06-18-2002 90487 001 \*\*\*550.00

**DOCUMENT # P00000066680**

Entity Name  
**Palmas Restaurant Corporation**

Principal Place of Business      Mailing Address  
**3300 N.W. South River Drive      3300 N.W. South River Drive**  
**Miami Fl. 33142                      Miami Fl. 33142**

**869500**

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business		3. Mailing Address		4. FBI Number <b>65-1024115</b>		Applied For <input type="checkbox"/> Not Applicable	
State, Apt. #, etc.		State, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		-\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
Name <b>Pedro Leon</b>				Name			
Street Address (P.O. Box Numbers Not Acceptable) <b>3300 N.W. South River Drive</b>				Street Address (P.O. Box Numbers Not Acceptable)			
City <b>Miami Fl. 33142</b>				City <b>FL</b> Zip Code			

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE: *Pedro Leon*      DATE: **06-11-02**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>President</b>	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME <b>Pedro Leon</b>			NAME		
STREET ADDRESS <b>3300 N.W. South River Drive</b>			STREET ADDRESS		
CITY-STATE-ZIP <b>Miami FL 33142</b>			CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment, with an address, with an officer like empowered.

SIGNATURE: *Pedro Leon*      DATE: **06-11-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E031 (9/99)