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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000077840 (5)

LAS PALMAS MOTEL, INC.

## FILED Mar 17 1997 8:00am Secretary of State



Principal Place of Business 2340 S.W. 8 ST. MIAMI FL 33135		Mailing Address 2340 S.W. 8 ST. MIAMI FL 33135-4916							
						3. Date Incorporated or Qualified 11/04/1993		e of Last F <b>5/1996</b>	Report
2. Principa	l Place of Business	2a. Mailing Address			4. FEI Number 65-0448855			pplied For ot Applicable	
	ot #, etc	Suite, Apt #, etc.				5. Certificate of Status Desired		\$8.75	Additional equired
City & S	tato	City & State				Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	<b>⊢</b> ¬	untry		8. This corporation has liability for			s. 199.032,
4	25 25 25 26 26 26 26 26 26 26 26 26 26 26 26 26	29 ant Pagistared Agent	30	·		Florida Statutes  10. Name and Address of New Re	Yes _		
E1	UENTES, REVAN R	aur vadistalan Malir		81	Name	10. Hallie Bild Address of New Ne	Alereian V	gent	
	340 SW 8 ST								
	TE 2			82	Street Add	Iress (P.O. Box Number is Not Acceptat	ole)		
	IAMI FL 33135			83					·····
				84	City			<b>85</b> Zip	Code
				لـــاـــ		poration submits this statement for the pation's board of directors. I hereby acception	<u>FL_</u>	<u> </u>	
SIGNATUR								1//2	ノツナ
12.	Signature: type-flur product name of registered a OFFICERS A	sgent and title if applicable ( ND DIRECTORS  DELETE	13.		nt signature raqu	olred when reinstating)  ADDITIONS/CHANGES TO OFFICE		DIRECTOI Change	RS IN 12
IZ. VILE VAME STREET ADDRES	OFFICERS A  OFFICERS A  FUENTES, RENAN R  2340 SW 8TH ST #02	ND DIRECTORS	13. 11. 12. 1.3.	TITLE NAME STREET	ADDRESS		CERS AND		
I <b>2.</b> UTLE IAME STREET ADDRES CITY-ST-ZIP	OFFICERS A  D  FUENTES, RENAN R	ND DIRECTORS	13. 11. 12. 13. 14.	TITLE NAME	ADDRESS		CERS AND		Addition
12. VILE IAME STREET ADDRES DITY-ST-ZIP VILE	OFFICERS A  OFFICERS A  OFFICERS A  PUENTES, RENAN R 2340 SW 8TH ST #02  MIAMI FL  D  FUENTES, SARAH L	ND DIRECTORS  DELETE	13. 11. 12. 13. 14. 2.1.	TITLE NAME STREET	ADDRESS		CERS AND	Change	Addition
2.  THE  AME  TREET ADDRES  ITY-ST-ZIP  THE  AME	OFFICERS A  OFFICE	ND DIRECTORS  DELETE	13. 11. 12. 13. 1.4 2.1. 2.2	TITLE NAME STREET CITY-ST TITLE NAME	ADDRESS		CERS AND	Change	Additi
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2. THE AME TREET ADDRES TTY-ST-ZIP THE AME TREET ADDRES HY-ST-ZIP THE	OFFICERS A  OFFICE	ND DIRECTORS  DELETE	13. 11. 12. 13. 1.4 2.1 2.2 2.3. 2.4 3.1	TITLE NAME STREET ( CITY-ST TITLE NAME STREET ( CITY-S	address 1-zip address		CERS AND	Change	Additi
2.  THE TABLE LADDRES SITY ST. ZIP	OFFICERS A  2340 SW 8TH ST #02  MIAMI FL  D  FUENTES, SARAH L  2340 SW 8 ST #02  MIAMI FL  D  FOLGAR, MARLENE	ND DIRECTORS  DELETE  DELETE	13. 11' 12 13. 1.4 2.1' 2.2 2.3. 2.4 3.1' 3.2'	TITLE NAME STREET; CITY-ST TITLE NAME STREET; CITY-S TITLE	ADDRESS 1-ZIP ADDRESS 11-ZIP		CERS AND	Change Change	Addition
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14. I do 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-541-3392