

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000088728 (9)**

1. Corporation Name

PALM SPRINGS - AMERICA, INC.



Principal Place of Business

**3750 - 10TH AVENUE NORTH
LAKE WORTH FL 33461**

Mailing Address

**3750 - 10TH AVENUE NORTH
LAKE WORTH FL 33461**

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

01/01/1994

3a. Date of Last Report

08/25/1995

4. FEI Number

65-0469971

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**MARTIN, FELICIA OJEDA
44 DAVIS RD
PALM SPRINGS FL 33461**

81 Name

Ramon Ojeda

82 Street Address (P.O. Box Number is Not Acceptable)

44 Davis Rd

83

84 City

Palm Springs

FL

85 Zip Code

33461

11. Pursuant to the provisions of Sections 607.0803 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 607.0506, Florida Statutes.

SIGNATURE

[Signature]

04-30-96
DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	VAZQUEZ, REINA	
STREET ADDRESS	44 PALM SPRINGS DAVIS RD	
CITY - ST - ZIP	PALM SPRINGS FL 33461	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	VAZQUEZ, REINA	
STREET ADDRESS	44 PALM SPRINGS DAVIS RD	
CITY - ST - ZIP	PALM SPRINGS FL 33461	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	VAZQUEZ, REINA	
STREET ADDRESS	44 PALM SPRINGS DAVIS RD	
CITY - ST - ZIP	PALM SPRINGS FL 33461	
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 '96		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE	P S T	
12 NAME	OJEDA, RAMON	
13 STREET ADDRESS	44 DAVIS RD	
14 CITY - ST - ZIP	PALM SPRINGS, FL 33461	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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, unchanged, or in an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-96

(407) 968-9980

CR2E034 (12/95)