

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

3-7-95 B-1897

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DOCUMENT # P94000038928 (5)

OLGA PALMER PRODUCTIONS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

920 AQUERO AVE.
CORAL GABLES FL 33146

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CORAL GABLES FL 33146

2. Date of Filing of Report		2a. Month of Report		3. Date of Report		3a. Date of Last Report	
21		26		05/24/1994		05/24/1994	
22		27		4. Filing Fee		Applied Fee	
23		28		65-0526688		Not Applicable	
24		29		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
				7. This corporation has liability for intangible tax under S. 190.032, Florida Statutes.		☒ Yes ☐ No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PALMER, OLGA 920 AQUERO AVE. CORAL GABLES FL 33146				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. Zip Code			
				FL 85. Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME		1. NAME	
2. STREET ADDRESS		2. STREET ADDRESS	
3. CITY, ST, ZIP		3. CITY, ST, ZIP	
4. NAME		4. NAME	
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY, ST, ZIP		6. CITY, ST, ZIP	
7. NAME		7. NAME	
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY, ST, ZIP		9. CITY, ST, ZIP	
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST, ZIP		12. CITY, ST, ZIP	
13. NAME		13. NAME	
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY, ST, ZIP		15. CITY, ST, ZIP	

14. I, the undersigned, certify that the information reported with this report is true and correct, and that my signature shall have the same legal effect as if made on the report. I am a duly authorized officer or director of the corporation and am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the list of directors of the corporation with an address.

SIGNATURE: _____

3/7/95