FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000040665 (9)**

1. Corporation Name

PALMA BRAVA INC.

Principal Place of Business	Mailing Address
2000 GLADES ROAD SUITE 400 BOCA RATON FL 33431	2000 GLADES ROAD SUITE 400 BOCA RATON FL 33431

3. Date Incorporated or Qualified: **05/31/1994**
3a. Date of Last Report: **08/23/1995**

4. FEI Number: **65-0614000** / **NOT APPLICABLE** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 20665 Lyons Road	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Boca Raton, FL	28 City & State
24 Zip: 33434 25 Country: USA	29 Zip 30 Country

9. Name and Address of Current Registered Agent

HRAWG CORP.
2000 GLADES ROAD
SUITE 400
BOCA RATON FL 33431

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 _____ (If Applicable) (If Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LEE,MILA NABOR	1.2 NAME	
STREET ADDRESS	50 SKYVIEW CRESCENT	1.3 STREET ADDRESS	
CITY-ST-ZIP	DOWN MILLS ONTARIO CA MJ21B-8	1.4 CITY-ST-ZIP	
TITLE	CEO ☐ DELETE	2.1 TITLE	VP ☒ Change ☐ Addition
NAME	LEE,JAMES	2.2 NAME	
STREET ADDRESS	50 SKYVIEW CRESCENT	2.3 STREET ADDRESS	
CITY-ST-ZIP	DOWN MILLS ONTARIO CA MJ21B-8	2.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	3.1 TITLE	CEO ☒ Change ☐ Addition
NAME	LE,WINSTON J.	3.2 NAME	Lee, Winston J.
STREET ADDRESS	34 SPRINGWOOD CRESCENT	3.3 STREET ADDRESS	11122 S.W. 127th PLACE
CITY-ST-ZIP	UNIONVILLE ONTARIO	3.4 CITY-ST-ZIP	MIAMI, FLORIDA, 33186
TITLE	VP ☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	LEE,ROXAN	4.2 NAME	
STREET ADDRESS	25 SELTHMAN ROAD	4.3 STREET ADDRESS	25 FelthamRoad (FELTHAM)
CITY-ST-ZIP	MARKHAM ONTARIO L3R 6R2	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	C ☐ Change ☒ Addition
NAME		5.2 NAME	Lee, Hubert Charley
STREET ADDRESS		5.3 STREET ADDRESS	5621 Finch Ave., E, Unit 2
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Scarborough, Ontario M1B 2T9
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	100001742511
STREET ADDRESS		6.3 STREET ADDRESS	-03/14/96--01010--023
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***200.00

CR2E034 (12/95)

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: Winston J. Lee · Winston J. Lee, CEO · March 8 1996 · (407) 451-1099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PKB 3/13/96