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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
20665 LYONS ROAD
BOCA RATON FL 33434

Mailing Address
2000 GLADES ROAD
SUITE 400
BOCA RATON FL 33431-0599



3. Date Incorporated or Qualified
05/31/1994

3a. Date of Last Report
03/13/1996

4. FEI Number
65-0614000

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 Suite, Apt. #, etc.

26 20665 LYONS ROAD

22 City & State

27 Suite, Apt. #, etc.

23 Zip

Country

28 BOCA RATON, FL

Zip

Country

24

25

29 33434

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PS
NAME LEE, MILA NABOR
STREET ADDRESS 50 SKYVIEW CRESCENT
CITY-ST-ZIP DOWN MILLS ONTARIO CA MJ21B-8

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VP
NAME LEE, JAMES
STREET ADDRESS 50 SKYVIEW CRESCENT
CITY-ST-ZIP DOWN MILLS ONTARIO CA MJ21B-8

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE CEO
NAME LE, WINSTON J.
STREET ADDRESS 11122 S.W. 127TH PLACE
CITY-ST-ZIP MIAMI FL 33186

☐ DELETE

3.1 TITLE
3.2 NAME WINSTON J. LEE
3.3 STREET ADDRESS 6295 NW 104TH WAY
3.4 CITY-ST-ZIP PARKLAND, FL 33076

☒ Change ☐ Addition

TITLE VP
NAME LEE, ROXAN
STREET ADDRESS 25 FELTHAM ROAD
CITY-ST-ZIP MARKHAM ONTARIO L3R 6R2

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE C
NAME LEE, HUBERT C
STREET ADDRESS 5621 FINCH AVE., E, UNIT 2
CITY-ST-ZIP SCARBOROUGH, ONTARIO M1B 2T9

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: Winston J. Lee, Winston J. Lee CEO, 4/27/97, 561-451-1099.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)