

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90182 040 \*\*\*150.00

DOCUMENT # P94000040665

1. Corporation Name

PALMA BRAVA, INC

Principal Place of Business

Mailing Address

20665 LYONS ROAD  
BOCA RATON, FL 33434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5/31/94

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0614000

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation owes the current year intangible  
Personal Property Tax.

☒ Yes

☐ No

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME P.S. LEE, MILA NABOR

STREET ADDRESS 50 SKYVIEW CRESCENT

CITY-ST-ZIP DOWN MILLS, ONTARIO CA M1218-8

TITLE ☐ DELETE

NAME V.P. LEE, JAMES

STREET ADDRESS 50 SKYVIEW CRESCENT

CITY-ST-ZIP DOWN MILLS, ONTARIO CA M1218-8

TITLE ☐ DELETE

NAME C.E.O. LEE, WINSTON J

STREET ADDRESS 6255 NW 104th LANE

CITY-ST-ZIP PARKLAND, FL

TITLE ☐ DELETE

NAME V.P. LEE, ROXAN

STREET ADDRESS 25 FELTHAM ROAD

CITY-ST-ZIP MARKHAM ONTARIO L3R6R2

TITLE ☐ DELETE

NAME C. LEE, HUBERT C

STREET ADDRESS 5621 FINCH AVE, E UNIT 2

CITY-ST-ZIP SCARBOROUGH, ONTARIO M1B2T9

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/99

561-451-1099