

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 2:06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000063588 (5)

1. Corporation Name

CHEROKEE ROSE, INC.

Principal Place of Business

**10597 MENDOCINO LANE
BOCA RATON FL 33428**

Mailing Address

**10597 MENDOCINO LANE
BOCA RATON FL 33428**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1994

3a. Date of Last Report

2. Principal Place of Business

21 2200 S. OCEAN BLVD.

2a. Mailing Address

26 2200 S. OCEAN BLVD.

Suite, Apt. #, etc

22 408

Suite, Apt. #, etc

27 408

City & State

23 DELRAY BEACH, FL

City & State

28 DELRAY BEACH, FL

Zip

24 33483

Country

25 PALM BEACH

Zip

29 33483

Country

30 PALM BEACH

4. FEI Number

650520298

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 C. 190.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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

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

DATE Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
	D		
	PALACIO, JOAQUIN		
	10597 MENDOCINO LANE		
	BOCA RATON FL 33428		
	D		
	PALACIO, FRANCES L		
	10597 MENDOCINO LANE		
	BOCA RATON FL 33428		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY, ST, ZIP	Change	Addition
		2200 S. OCEAN BLVD, #408	DELRAY BEACH, FL 33483	☐	☐
		2200 S. OCEAN BLVD, #408	DELRAY BEACH, FL 33483	☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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)(b), 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:

FRANCES L. PALACIO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/95 (407) 982 6953
DATE