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

PROFIT CORPORATION ANNUAL REPORT: 4



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham *

Secretary of State

DOCU	1998 MENT # P94000)068 273 (9)	ORPORATI	ONS	_		
	S PALACE, INC.	7000270 (0)					
Principal Plac	e of Business	Maifing Address					
933-935 S.W. 9TH STREET		933-935 S.W. 9TH STREET					
MIAMI FL 331		MIAMI FL 33130			DO NOT MIRIT	E INI THIR ODA/	5F
					DO NOT WRITE 3. Date Incorporated or Qualified	IN THIS SPAC	
:					09/16/1994		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26		65-0525517		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$	8.75 Additional Fee Required	
City & State	0	City & State			6. Election Campaign Financing		5.00 May Be
23	and the second s	28			Trust Fund Contribution		Added to Fees
Zip	Country	Zip	— Country	1	8. This corporation owes or has pa		
24	[25] 9. Name and Address of Current		30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
GD.	AYSON, MOISES T	negistered Agent	81	Name	10, Name and Address of New Ad	Misraian What	11
	S.E. 2ND AVENUE			İ	(5.0.6		
	ITE 730		82	Street Add	ress (P.O. Box Number is Not Acceptal	DIE)	
	AMI FL 33131		83				
			84	City		- 85	Zip Code
						<u> </u>	
office or r	registered agent, or both, in the State i in familiar with, and accept the obliga	of Florida, Such change was au lions of, Section 607,0505, Flor	uthorized by	the corpora	poration submits this statement for the partition's board of directors. I hereby acce	pt the appointn	nging its registered nent as registered
12.	Signature, typical or product marine of registerizating is OLFTCERS AND		Registered Age	nr I signature requi	ired when reinstating)	DATE	EOTODO IN 10
TITLE	D	DELLIE	11 TITLE		ADDITIONS/CHANGES TO OFFIC		Change Addition
NAME	. —	CASUSO, RAQUEL					
STREET ADDRESS	933-935 S.W. 9TH STREET		13 STREET ADDRESS				
CITY-ST-ZIP	MLAMI FL 33130		1.4 CITY - ST - ZIP				
TITLE	D	☐ DELETE	21 THE				Change Addition
NAME	GARCIA, SOFIA		2 2 NAME				
STREET ADDRESS	933-935 S.W. 9TH STREET		2.3 STREE1 ADDRESS				
CITY-\$T-ZIP	MIAMI FL 33130	DELETE	2. 4 CITY - 5 3.1 TITLE	S1-ZIP			Change
NAME			3.2 NAME			٠ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ	
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4 CITY - 3	1			
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	4.1 TOLE				Change 🔲 Addition
NAME			4. 2 NAME	İ			
STREET ADDRESS			4.3 STREET	ADORESS			
CITY-ST-ZIP		T 200, 5 40	4.4 CITY - S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE				Change
NAME OTREET ADORESS			5.2 NAME	ADDRESS			
STREET ADDRESS			53 STREET				
CITY-ST-ZIP TITUE		DELETE	54 CHTY-S 61 THLE	1-2IF		———— П (Change
NAME			6.2 NAME				<u> </u>
STREET ADDRESS			6.3 STREET	ADDRESS			
1							

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 animal 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 trusted employment 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 or in attachment with an address.