

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

APPROVED AND FILED

MAY 11 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Janine B. Northrup
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000077187 (0)

LAS PALMAS DE LA FLORIDA, INC.

Principal Place of Business: **407 C STREET ST AUGUSTINE BEACH FL**
Mailing Address: **1750 A1A S. STE B ST AUGUSTINE FL 32084**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/17/1994** 3a. Date of Last Report

4. FEI Number: *Applied for* Applied Fee: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 193.02 Florida Statutes: Yes No

2. Director: Name of Director: 2a. Mailing Address: 21. State: 26. State: 22. City & State: 27. City & State: 23. City & State: 28. City & State: 24. City: 25. County: 29. City: 30. County:

9. Name and Address of Current Registered Agent: **BEDSOLE, JAMES E 1750 A1A S, STE B ST AUGUSTINE FL**
81. Name: 82. Street Address (P.O. Box Number if Not Applicable): 83. City: 84. City: **FL** 85. Zip Code:

11. Payment to the possession of Sections 193.02, 193.03, and 193.04, Florida Statutes, the abovesigned 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 193.04, Florida Statutes.

SIGNATURE: _____ Name of Registered Agent: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS TO OFFICER LIST ABOVE (See 9.1)	
1. NAME: D FAGUNDO, P P	2. STREET ADDRESS: 407 C STREET	1. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. CITY: ST AUGUSTINE BEACH FL	4. STATE: FL	2. STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. CITY:	6. STATE:	3. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. STREET ADDRESS:	8. CITY:	4. STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. CITY:	10. STATE:	5. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS:	12. CITY:	6. STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. CITY:	14. STATE:	7. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. STREET ADDRESS:	16. CITY:	8. STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. CITY:	18. STATE:	9. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. STREET ADDRESS:	20. CITY:	10. STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. CITY:	22. STATE:	11. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. STREET ADDRESS:	24. CITY:	12. STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25. CITY:	26. STATE:	13. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I am hereby certifying that the information required with this filing is voluntarily furnished and clear, not spurious, for the corporation stated in law 193.02(9)(b), Florida Statutes. I further certify that the information submitted on this annual report or sequential annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the officer or director empowered to execute this report as required by Chapter 193, Florida Statutes, and that my name appears in those Florida Statutes. I am not an officer or director of the corporation.

SIGNATURE: *P. Paul Fagundo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-83 95

P. PAUL FAGUNDO, DIRECTOR