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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90105 011 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000050169

1. Corporation Name
PALMAR CORPORATION

Principal Place of Business 600 GRAPE TREE DR., APT. 11CS KEY BISCAVNE FL 33149	Mailing Address 600 GRAPE TREE DR., APT. 11CS KEY BISCAVNE FL 33149
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 789 CRANDON BLVD	2a. Mailing Address 26 789 CRANDON BLVD
Suite, Apt. #, etc. 22 404	Suite, Apt. #, etc. 27 404
City & State 23 KEY BISCAVNE, FLA	City & State 28 KEY BISCAVNE, FLA.
Zip Country 24 33149 25 USA	Zip Country 29 33149 30 USA

3. Date Incorporated or Qualified 06/12/1996	Applied For Not Applicable
4. FEI Number 65-0678327	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MARAVAR, OLGA
600 GRAPE TREE DR., APT. 11CS
KEY BISCAVNE FL 33149

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	789 CRANDON BLVD
83	# 404
84 City	KEY BISCAVNE FL
85 Zip Code	33149

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MARAVAR, OLGA	
STREET ADDRESS	600 GRAPE TREE DR., APT. 11CS	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MARAVAR, JOSE	
STREET ADDRESS	600 GRAPE TREE DR., APT. 11CS	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	RANGEL, DIEGO	
STREET ADDRESS	600 GRAPE TREE DR., APT. 11CS	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Olga Palmar Jose Palmar Diego Palmar 2/10/99 (205) 365 5889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)