

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000058789 (4)

1. Corporation Name

INVERSIONES PALMA REAL, INC.

Principal Place of Business

1540 OCEAN BAY DRIVE #14
KEY LARGO FL 33037

Mailing Address

1540 OCEAN BAY DRIVE #14
KEY LARGO FL 33037-4280

2. Principal Place of Business

21

Suite, Apt. #, etc.

26

Mailing Address

22

City & State

27

Suite, Apt. #, etc.

28

City & State

29

Country

24

Zip

25

Zip

29

30

Country

25

29

30

Country

10. Name and Address of Current Registered Agent

PALMA, MARTHA
1540 OCEAN BAY DRIVE #14
KEY LARGO FL 33037

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 name or printed name of registered agent (use if applicable)

(NOTE: Registered Agent: signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	NAME	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1.1 TITLE	
CITY-ST-ZIP	1.2 NAME	
	1.3 STREET ADDRESS	
	1.4 CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2.1 TITLE	
CITY-ST-ZIP	2.2 NAME	
	2.3 STREET ADDRESS	
	2.4 CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3.1 TITLE	
CITY-ST-ZIP	3.2 NAME	
	3.3 STREET ADDRESS	
	3.4 CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4.1 TITLE	
CITY-ST-ZIP	4.2 NAME	
	4.3 STREET ADDRESS	
	4.4 CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5.1 TITLE	
CITY-ST-ZIP	5.2 NAME	
	5.3 STREET ADDRESS	
	5.4 CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6.1 TITLE	
CITY-ST-ZIP	6.2 NAME	
	6.3 STREET ADDRESS	
	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martha Palma 1/7/97 305-451-0751

Date

Daytime Phone #

CR2E034 (9/96)