

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

**FILED**

**May 06 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>960000065230</b> 1. Corporation Name <b>PALM &amp; Tower Corp.</b>			
Principal Place of Business <b>241 SEVILLA AVE. STE. 805, CORAL GABLES, FL 33134</b>		Mailing Address <b>241 SEVILLA AVE CORAL GABLES, FL 33134</b>	
2. Principal Place of Business 21 <b>241 SEVILLA AVE #</b> Subst. Apt. #, etc. 22 <b>805</b>		2a. Mailing Address 26 <b>241 SEVILLA AVE</b> Subst. Apt. #, etc. 27 <b>805</b>	
23 <b>CORAL GABLES, FL</b> City & State Zip 24 <b>33134</b>		28 <b>CORAL GABLES, FL</b> City & State Zip 29 <b>33134</b>	
25 <b>USA</b> Country		30 <b>USA</b> Country	
3. Date Incorporated or Qualified		3a. Date of Last Report	
4. FEI Number <b>65-0734891</b>		Applied For <input type="checkbox"/> Not Applicable	
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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>LUIS F DE LA CRUZ, JR. 241 SEVILLA AVE # 805 CORAL GABLES, FL 33134</b>		10. Name and Address of New Registered Agent 81 Name <b>CARLOS A. ARRIAGA</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>550 NW LE JEUNE RD. STE. 202</b> 83 84 City <b>MIAMI</b> FL 85 Zip Code <b>33126</b>	
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: X <i>[Signature]</i>		DATE: <b>4/28/97</b>	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	CARLOS A. ARRIAGA <input type="checkbox"/> DELETE 241 SEVILLA AVE, #805 P/S/D CORAL GABLES, FL 33134	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<i>[Signature]</i> CARLOS A. ARRIAGA 550 NW LE JEUNE RD, STE 202 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	000002171530 -05/08/97--01099--012 ***165.00
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition CS 5/16/97
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, changed, or on an attachment with an address.			
SIGNATURE: X <i>[Signature]</i>		DATE: <b>4/28/97</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)