

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

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90108 022 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

2001

DOCUMENT # P96000065230

Corporation Name  
 PALM & TOWER CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 SEVILLA AVENUE  
 SUITE 805  
 CORAL GABLES FL 33134

Mailing Address  
 241 SEVILLA AVENUE  
 SUITE 805  
 CORAL GABLES FL 33134

3. Date Incorporated or Qualified  
 08/05/1996

4. FEI Number  
 65-0734891

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

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

2a. Mailing Address  
 26  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28  
 Zip Country  
 29 30

9. Name and Address of Current Registered Agent

ARRIAGA, CARLOS A  
 550 NW LEJEUNE RD  
 SUITE 202  
 MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETED	1.1 TITLE	Change Addition
PSD	<input type="checkbox"/>	1.2 NAME	
ARRIAGA, CARLOS A		1.3 STREET ADDRESS	
241 SEVILLA AVENUE		1.4 CITY-ST-ZIP	
CORAL GABLES FL 33134		2.1 TITLE	Change Addition
	<input type="checkbox"/>	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
	<input type="checkbox"/>	3.1 TITLE	Change Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
	<input type="checkbox"/>	4.1 TITLE	Change Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
	<input type="checkbox"/>	5.1 TITLE	Change Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
	<input type="checkbox"/>	6.1 TITLE	Change Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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, on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 2/15/01 (305) 3012638  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #