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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000013799

1. Corporation Name

PALETTE DESIGN STUDIOS, INC.

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Principal Place	of Business	Mailing Address			-	141 00 171 06 101 11000 11711 10010 1	(B)(# (B1) (90)
		20100 W COUNTRY CLUB D	DR				
#PH-5		PH-5					
AVENTURA FL 33180		AVENTURA FL 33180		DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorporated or Qualifed		
					02/12/1997		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	├	plied For
21		26]			65-0727260		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	. 2		5. Certifcate of Status Desired	\$8.75 A Fee Re	I
22		27 City & State			- Flatin Consider Financing		
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	□ \$5.00 Added to	, I	
Zip	Country	Zip	Counti		8. This corporation owes the curr		
_	. 25	<u> </u>	30	,	Personal Property Tax.		₩No
24	9. Name and Address of Currer			 -	10. Name and Address of New		
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			L	LAPT.	1H-5		
			8	4 City Jan	TOPA	FL 85 20 3	Code
44 Purcuant	to the provisions of Sections 607.050	2 and 607 1508. Florida Statute	s the abo	ve-named corno	pration submits this statement for the	purpose of changing its	registered
office or r	edistered adent of both in the State	of Florida, Such change was au	itnorizea b	iv the corporation	n's board of directors. I hereby acce	pt the appointment as re-	gistered
agent. I a	m familiar with, and accept the obliga	tions of Section 607.0505, Flori	ida Statute	€8.	64	1 -1.100	ł
'SIGNATURE	X HACKLY	nt and title if applicable. (NOTE:	Decistered Ac	ent signature required		DUIVI	
12.		ID DIRECTORS	13.	ant agrictore requires	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	RS IN 12
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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 of the corporation of the corporation of 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 affactment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

REGUIRED TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-932-1355

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90130 040 ***150.00