May 05, 1999 8:00 am Secretary of State

05-05-1999 90189 049 ***150.00

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 # P98000017259

1. Corporation Name

EDICIONES PALMA REAL, INC.

Principal Place of Business		Mailing Address	Mailing Address		, , , , , , , , , , , , , , , , , , , ,		••
2050 WEST 56 STREET		2050 WEST 56 STREET					
STORE #8		STORE #8	STORE #8 HIALEAH FL 33016		DO NOT WRITE IN T	HIS SPACE	
HIALEAH FL 33016 HIALEAH FL 33016				3. Date Incorporated or Qualifed	IIO OF ACE		
					02/23/1998		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Apı	plied For	
21		26		65-0821000		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A		
22 27						Fee Re	
City & State			City & State		6. Election Campaign Financing	\$5.00	
23	28				Trust Fund Contribution	Added to	o rees
Zip	— · · · · · · · · · · · · · · · · · · ·		Country		8. This corporation owes the current year		□No
24	25	29 30	<u>ال</u>		Personal Property Tax. 10. Name and Address of New Register		
	9. Name and Address of Curr	ent Registered Agent	81	Name	10. Name and Address of New Register	ed Agent	
GRIL	LE, NELSON						
2050 WEST 56 STREET			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		}
STORE #8		83					
HIALEAH FL 33016]63				Ì
		84	City		85 Zip C	Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes,	the above	e-named corp	poration submits this statement for the purpose	of changing its	registered
office or r	registered agent, or both, in the Sta	ite of Florida. Such change was auth igations of, Section 607.0505, Florida	orized by	the corporate	on's board of directors. I hereby accept the ap	pointment as reg	gistered
SIGNATURE							
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register			nt signature require	d when reinstating) DATE		DC IN 12
12.	D	AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	-	CJ DELEIG				onango	
NAME	GRILLE, NELSON		1.2 NAME				
STREET ADDRESS	2050 WEST 56 STREET		1.3 STREET				ĺ
CITY-ST-ZIP	HIALEAH FL 33016	☐ DELETE	1.4 CITY-ST 2.1 TITLE	T-ZIP		☐ Change	Addition
TITLE	D COULT AMA	DELETE					
NAME	GRILLE, ANA	22 N/					ł
STREET ADDRESS	2050 WEST 56 STREET			ADDRESS)
CITY-ST-ZIP			2.4 CITY-S	IT-ZIP		Change	Addition
TITLE	i		3.1 TITLE			ondinge	
NAME			3.2 NAME				
STREET ADDRESS		i	3.3 STREET	i			
CITY-ST-ZIP			3.4. CITY- S 4.1 TITLE	T-ZIP		Change	Addition
TITLE		Document				□ Change	Addision
NAME		☐ DELETE		Į.			
STREET ADDRESS	i	☐ DELETE	4. 2 NAME				
CITY-ST-ZIP		☐ DELETE	4. 2 NAME 4.3 STREET	ĭ			
TITLE			4. 2 NAME 4.3 STREET 4.4 CITY-S	ĭ		Chance	Addition
11160		☐ DELETE	4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE	ĭ		☐ Change	Addition
NAME			4. 2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	T-ZIP		☐ Change	Addition
			4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET	T-ZIP		☐ Change	☐ Addition
NAME		☐ DELETE	4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	T-ZIP			
NAME STREET ADDRESS			4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET	T-ZIP		☐ Change	☐ Addition

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 opposation or the receiver of the opposation or the receiver of the opposation or the receiver of the opposition of the opp

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

URE REQUIRED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

≡: