

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90134 046 ***150.00

DOCUMENT # P98000086549
1. Entity Name

PALMERAS ESTATES INC

Principal Place of Business	Mailing Address
75 VALENCIA AVENUE 4TH FLOOR CORAL GABLES, FL 33134	75 VALENCIA AVENUE 4TH FLOOR CORAL GABLES, FL 33134

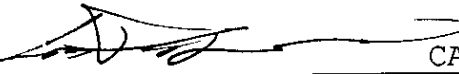
2. Principal Place of Business SAME AS ABOVE	3. Mailing Address SAME AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 65-0870876	Applied For Not Applicable
Zip	Country	Zip	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DE LA PENA, VILLANUEVA & BAJANDAS LLP 601 BRICKELL KEY DRIVE, SUITE 705 MIAMI, FL 33131	Name CARLOS VILLANUEVA Street Address (P.O. Box Number is Not Acceptable) 75 VALENCIA AVENUE 4TH FLOOR City CORAL GABLES FL Zip Code 33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  CARLOS VILLANUEVA 4/28/00
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CAMARGO, OLGA L. <input type="checkbox"/> Delete 601 BRICKELL KEY DRIVE, STE 705 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CAMARGO, OLGA L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 75 VALENCIA AVENUE, 4TH FLOOR CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MOJICA, ANDRES <input type="checkbox"/> Delete 601 BRICKELL KEY DRIVE, STE 705 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VILLANUEVA, CARLOS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 75 VALENCIA AVENUE, 4TH FLOOR CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BAJANDAS, RICARDO <input checked="" type="checkbox"/> Delete 601 BRICKELL KEY DRIVE, STE 705 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MOJICA, ANDRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 75 VALENCIA AVENUE, 4TH FLOOR CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  CARLOS VILLANUEVA 4/28/00 305-377-0812
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #