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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S39478

(0)

PALM CAT REALTY, INC.

F.	ILEI	)
Jan 14 1	997	8:00am
Secreta	ary (	of State



Principal Place of Business 119 E. 71 STREET #2 NEW YORK NY 10021 US		Mailing Address 119 E. 71ST STREET #2 NEW YORK NY 10021-4 US	201	3. Date Incorporated or Qualified 3a. Date of Last Report		
				03/19/1991	05/01/1996	*****
	Place of Business	2a. Mailing Address		4. FEI Number 65-0253546	}	oplied For ot Applicable
21 Suite Ap	it, #, etc.	Suite, Apt. #, etc			60 75	Additional
22		27		5. Certificate of Status Desired	1 1	equired
City & St	ate	City & State		6. Election Campaign Financing		May Be
<b>23</b> Zip	Country	<b>28</b>	Country	Trust Fund Contribution		to Fees
24	25	29	30	8. This corporation has liability for Florida Statutes	intangible tax under s Tyes DNo	5. 199.032,
	9. Name and Address of Curr		JOSEPH P. KLI	4 PO Name and Address of New Re	gistered Agent	
	EIN, RONALD G		81 Name	anella.mid.klapt	ouz, li	P
	1 NE 125TH STREET			ress (P.O. Box Number is Not Acceptab	ole) of 1	910
M	ORTH MIAMI FL 33161		83 250	o Hollywood	1310 F	2100
		ΛΛ	84  City	acew wood	- #FE       1777	Code 2
11. Pursuar	nt to the provisions of Sections 847.09	502 apy 607 1508, Flor da Stal	utes, the above-named cor	poration submits this statement for the ption's board of directors. I hereby acception	ourpose of changing	ts registered
office o agent I	r registered agent, or both, invite Sta Lam famil ar with land accept the obl	te of ylorida. Such change wa iduniyas of zechon 607.0505,	s authorized by the corpora Florida Statutes.	tion's board of directors. I hereby accep	ot the appointment as	registerea
SIGNATURE	1 hot 1 - 1					
12.	Signal on special pinded the of regulation.  OFFICERS A		OTh: Registered Agent signature requ  13.	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE PERS AND DIRECTOR	PS IM 12
TITLE	PSTD OFFICERS A	DELETE	11 TITLE	ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME /	HAMAOUI, MOCHE	<u></u>	1 2 NAME			
STREET ADDRES	119 E. 71ST STREET		1 3 STREET ADDRESS			
CITY - ST - ZIP	NEW YORK NY 10021		1.4 CITY+ST- ZIP			
TITLE	VP UANAOUI MOCUE	DELETE	21 TITLE		Change	Addition
NAME	HAMAOUI, MOCHE 119 E. 71ST STREET		2.2 NAME			
STREET ADDRES	NEW YORK NY 10021		2.3 STREET ADDRESS			
CITY - ST - ZIP		DELETE	2 4 CITY - ST - ZIP 3 1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRES	\$		33 STREET ADDRESS			
CITY - ST - ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
namé			4 2 NAME			
STREET ADDRES	5		4.3 STRFET ADDRESS			
CITY-ST-70P TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change	Addition
NAME		[ Decert	5 2 NAME		L. Draigo	radiidii
STREET ADDRES	8		5 3 STREET ADDRESS			
GITY-SI-ZIP	· ·		5 4 CITY-SI-ZIP			
TITLE		DELETE	6.1 THILE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRES	2		€.3 STREET ADDRESS			
CITY - ST - ZIP			6 4 CHTY - S1 - ZIP	His Contine 140 07/00/0 Florida Cont.		

pplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the run of the receiver of the same legal effect as if made under oath; that on or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name but, or only a discreption with an address. I do horeby certly that the information suppinformation indicated on this armual report. I am an officer or director of the corporation appears in Block 12 or Block 13 if changed

**SIGNATURE:** 

Mould

Daytime Phone #

0005154