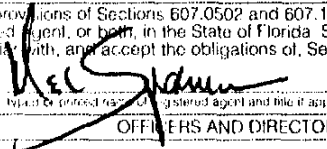
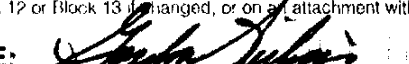


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S47364 (2)			
1. Corporation Name MGA/PALAIS CORPORATION			
Principal Place of Business 20725 N.E. 16TH AVENUE #4 N. MIAMI BEACH FL 33179		Mailing Address 20725 N.E. 16TH AVENUE #4 N. MIAMI BEACH FL 33179-2123	
2. Principal Place of Business 21 2690 NE 191 ST 22 2032 City & State 23 MIAMI FL 24 33180 25 DADE		2a. Mailing Address 26 2690 NE 191 ST 27 2032 City & State 28 MIAMI FL 29 33180 30 DADE	
3. Date Incorporated or Qualified 04/24/1991		3a. Date of Last Report 09/04/1996	
4. FEI Number 65-0266168		Applied For ☐ Not Applicable	
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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			
9. Name and Address of Current Registered Agent PARDO, JEFFREY J 5963 BISCAYNE BLVD. MIAMI FL 33137-2222		10. Name and Address of New Registered Agent 81 Name MEL SPANIER 82 Street Address (P.O. Box Number is Not Acceptable) 2690 NE 191 ST # 2032 83 84 City MIAMI 85 FL 86 33180	
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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:  DATE: 4/28/97			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPANIER, MEL 20725 N.E. 16TH AVE. N. MIAMI BCH. FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☒ Change ☐ Addition 2690 NE 191 ST # 2032 MIAMI FL 33180-2601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, GORDON 20725 N.E. 16TH AVE. N. MIAMI BCH. FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☒ Change ☐ Addition 2690 NE 191 ST # 2032 MIAMI FL 33180-2601
TITLE NAME STREET ADDRESS CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition
14. I do 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 unchanged, or on an attachment with an address.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 4/29/97 305-614-1304 Daytime Phone #	

CR2E034 (9/96)