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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S94968 (2)

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-04/24/95--01070--003
****200.00 ****200.00

1. Corporation Name
PALM BAY INVESTMENTS, INC.

Principal Place of Business	Mailing Address
~~9100 S DADELAND BLVD~~ ~~SUITE 1410~~ ~~MIAMI FL 33156~~	~~9100 S DADELAND BLVD~~ ~~SUITE 1410~~ ~~MIAMI FL 33156~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/19/1991
3a. Date of Last Report: 06/03/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0304828	☐ Applied For ☐ Not Applicable
21 1428 BRICKELL AVE	26 1428 BRICKELL AVE		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
22 SUITE #208	27 #208		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23 MIAMI, FL.	28 MIAMI, FL.		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
24 33131 / 25 USA	29 33131 / 30 USA		

9. Name and Address of Current Registered Agent

TRELLES, ALBERTO N.
~~9100 S DADELAND BLVD~~ 999 PONCE DE LEON BLVD
~~SUITE 1410~~ #1000
~~MIAMI FL 33156~~ CORAL GABLES, FL. 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	MALAVE, ADOLFO	12 NAME	
STREET ADDRESS	1428 BRICKELL AVE S-208	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
TITLE	~~VPD~~	21 TITLE	☐ Change ☐ Addition
NAME	~~GARCIA, RAFAEL~~	22 NAME	
STREET ADDRESS	~~1428 BRICKELL AVE S208~~	23 STREET ADDRESS	
CITY ST ZIP	~~MIAMI FL~~	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	MALAVE, ADOLFO	32 NAME	
STREET ADDRESS	825 S BAYSHORE DR #1044	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	MALAVE, ANTONIO	42 NAME	
STREET ADDRESS	825 S. BAYSHORE DR #1044	43 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	
TITLE	~~VP~~	51 TITLE	☐ Change ☐ Addition
NAME	~~MALAVE, ARTURO~~	52 NAME	
STREET ADDRESS	~~825 S. BAYSHORE DR. #1044~~	53 STREET ADDRESS	
CITY ST ZIP	~~MIAMI FL~~	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

SSS 4/21/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an asterisk.

SIGNATURE: Alberto Trelles attorney in fact 4/7/95 (305) 445-4668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0107501 CP

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POWER OF ATTORNEY
KNOW ALL MEN BY THESE PRESENTS

That I, **Adolfo Malave, as President for PALM BAY INVESTMENTS,** have made, constituted and appointed, and by these presents does make, constitute and appoint ALBERTO N. TRELLES true and lawful attorney for them and in their name, place and stead:

TO EXECUTE ANY AND ALL DOCUMENTS REQUIRED IN ORDER TO COMPLY WITH THE CORPORATION ANNUAL REPORT.

giving and granting unto ALBERTO N. TRELLES said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises as fully, to all intents and purposes, as might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that ALBERTO N. TRELLES said attorney or substitute shall lawfully do or cause to be done by virtue hereof.

In Witness Whereof, We have hereunto set our hands and seals the 7th day of April, 1995.

Sealed and delivered in the presence of

Susan Hellauer }
Magaly Rosa }

By: _____

State of Florida
County of Dade

Be It Known, That on the 7th day of April, 1995, before me, Magaly Rosa a NOTARY PUBLIC in and for the State of Florida duly commissioned and sworn, dwelling in the City of Miami, County of Dade, personally came and appeared Adolfo Malave as President of Palm Bay Int'l to me personally known, and known to me to be the same persons described in and who executed the within power of attorney, and acknowledged the within power of attorney to be the act and deed.