

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S94968**

(2)

1. Corporation Name

PALM BAY INVESTMENTS, INC.

Principal Place of Business

1400 S DADELAND BLVD
SUITE 1410
MIAMI FL 33136

Mailing Address

1400 S DADELAND BLVD
SUITE 1410
MIAMI FL 33136

2. Principal Place of Business

1478 BRICKELL AVE

Suite, Apt. # etc.

SUITE #208

City & State

MIAMI, FL.

Zip

33131

Country

USA

2a. Mailing Address

1478 BRICKELL AVE

Suite, Apt. #, etc.

#208

City & State

MIAMI, FL.

Zip

33131

Country

USA

9. Name and Address of Current Registered Agent

TRELLES, ALBERTO N.

9100 S DADELAND BLVD

SUITE 1410

MIAMI FL 33136

999 PONCE DE LEON BLVD

#1000

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

[Signature] (Type, Print or Sign Name if registered agent and mailing address)

NOTE: Registered Agent signature required when changing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS	1428 BRICKELL AVE S-208	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	
TITLE	S	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	A	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not conflict with the provisions set forth in Section 119.07(6)(k), Florida Statutes. Further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it would under oath that I am an officer or director of the corporation and am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 (whichever is applicable) of this document with an initial.

SIGNATURE:

[Signature] (Type, Print or Sign Name of Signing Officer or Director)

attly in fact

4/7/95 (205) 445-4668

1428 BRICKELL AVE S-208 MIAMI FL 33131

0167661

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 11 day of April, 1995.

Sealed and delivered in the presence of

Susan Villanueva
Hogaly Rosa,

Hogaly Rosa
By: _____

**State of Florida
County of Dade**

Be It Known, That on the 11 day of April, 1995, before me, Hogaly Rosa,
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 President of Palm Bay Inv. 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.