

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

FILED

Feb 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 # S94968 (2)
 1. Corporation Name
PALM BAY INVESTMENTS, INC.



Principal Place of Business 1428 BRICKELL AVE. SUITE 208 MIAMI FL 33131	Mailing Address 1428 BRICKELL AVE. SUITE 208 MIAMI FL 33131-3409
---	--

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 11/19/1991		3a. Date of Last Report 05/01/1996	
21		26		4. FEI Number 65-0304828		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TRELLES, ALBERTO N. 999 PONCE DE LEON BLVD. PENTHOUSE, SUITE 1150 CORAL GABLES, FL 33131				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) 815 Ponce de Leon Blvd.			
				83 2nd floor			
				84 City Coral Gables, Fla FL 85 Zip Code 33134			

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MALAVE, ADOLFO			1.2 NAME			
STREET ADDRESS	1428 BRICKELL AVE S-208			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MALAVE, ADOLFO			2.2 NAME	MALAVE, ADOLFO		
STREET ADDRESS	825 S BAYSHORE DR #1044			2.3 STREET ADDRESS	1428 Brickell Ave S-208		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	MIAMI, FL		
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MALAVE, ANTONIO			3.2 NAME	MALAVE, ANTONIO		
STREET ADDRESS	825 S. BAYSHORE DR #1044			3.3 STREET ADDRESS	1428 Brickell Ave. S-208		
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP	MIAMI, FL		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 if changed, or on an attachment with an address.

CR2E034 (9/96)