

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H59479 (6)**

1. Corporation Name
PALMAS, INC.



Principal Place of Business: **MEXICAN PAVILION-EPCOT CENTER
P.O. BOX 22136
LAKE BUENA VISTA FL 32830**

Mailing Address: **MEXICAN PAVILION-EPCOT CENTER
P.O. BOX 22136
LAKE BUENA VISTA FL 32830**

3. Date Incorporated or Qualified: **05/30/1985**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2615010**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

25 Zip Country

29 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent

**DEBLER, RICHARD D.
MEXICAN PAVILION-EPCOT CENTER
LAKE BUENA VISTA FL 32830**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

Sign in ink, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent's signature required when reinstating.)

(S)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBLER, RICHARD D.	12 NAME	
STREET ADDRESS	MEXICAN PAVILION EPCOT	13 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLEGAS, MANUEL Y.	22 NAME	
STREET ADDRESS	MEXICAN PAVILION EPCOT	23 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBLER, RICHARD C.	32 NAME	
STREET ADDRESS	MEXICAN PAVILION EPCOT	33 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMBA, ALBERTO	42 NAME	
STREET ADDRESS	#50 (C/O DIEGO RIVERA)	43 STREET ADDRESS	
CITY-ST-ZIP	01060 MEXICO, D.F.	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIATT, RANDALL	52 NAME	
STREET ADDRESS	24 MORNING GLORY	53 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALVET, OLGA M	62 NAME	
STREET ADDRESS	1367 CAMPBELL ST	63 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	64 CITY-ST-ZIP	

500001900235
-07/22/96--01031--004
*****200.00**

SIGNATURE:

Richard D. Debler

Richard D. Debler
6/12/96 107-827-8041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)