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FILED
Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morone
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 32830-2136**

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

3a. Date of Last Report: **07/22/1996**

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.

22 City & State

23 Zip Country

24 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 **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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PD DEBLER, RICHARD D.**

STREET ADDRESS **MEXICAN PAVILION EPCOT LAKE BUENA VISTA FL**

CITY-ST-ZIP

TITLE DELETE

NAME **SD VILLEGAS, MANUEL Y.**

STREET ADDRESS **MEXICAN PAVILION EPCOT LAKE BUENA VISTA FL**

CITY-ST-ZIP

TITLE DELETE

NAME **D DEBLER, RICHARD C.**

STREET ADDRESS **MEXICAN PAVILION EPCOT LAKE BUENA VISTA FL**

CITY-ST-ZIP

TITLE DELETE

NAME **D GAMBA, ALBERTO**

STREET ADDRESS **#50 (C/O DIEGO RIVERA) 01060 MEXICO, D.F.**

CITY-ST-ZIP

TITLE DELETE

NAME **D HIATT, RANDALL**

STREET ADDRESS **24 MORNING GLORY IRVINE CA**

CITY-ST-ZIP

TITLE DELETE

NAME **T CALVET, OLGA M**

STREET ADDRESS **1387 CAMPBELL ST ORLANDO FL**

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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 or checked, or on an attachment with an address.

SIGNATURE: *Richard D Debler* 4/21/97 407-527-8040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)