

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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90103 025 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H59479

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 05/30/1985	4. FEI Number 59-2615010 Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DEBLER, RICHARD D.	
STREET ADDRESS	MEXICAN PAVILION EPCOT	
CITY-ST-ZIP	LAKE BUENA VISTA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	VILLEGAS, MANUEL Y.	
STREET ADDRESS	MEXICAN PAVILION EPCOT	
CITY-ST-ZIP	LAKE BUENA VISTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEBLER, RICHARD C.	
STREET ADDRESS	MEXICAN PAVILION EPCOT	
CITY-ST-ZIP	LAKE BUENA VISTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GAMBA, ALBERTO	
STREET ADDRESS	#50 (C/O DIEGO RIVERA)	
CITY-ST-ZIP	01060 MEXICO, D.F.	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HIATT, RANDALL	
STREET ADDRESS	24 MORNING GLORY	
CITY-ST-ZIP	IRVINE CA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CALVET, OLGA M	
STREET ADDRESS	1367 CAMPBELL ST	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: _____ DATE _____ DAYTIME PHONE # _____

CR2E034 (11/98)