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

FILED
Feb 17 1998 8:00am.
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **F51167** **(7)**

1. Corporation Name
ASTROFLASH PAN AMERICAN, INC.

Principal Place of Business	*Mailing Address*
8067 CADIZ COURT N. ORLANDO FL 32836	8067 CADIZ COURT N. ORLANDO FL 32836

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4962 Waterway court	2a. Mailing Address 26 4962 Waterway court
Suite, Apt. #, etc. 22 628	Suite, Apt. #, etc. 27 628
City & State 23 Orlando FL	City & State 28 Orlando FL.
Zip / Country 24 32839-0000 / 25 U.S.A.	Zip / Country 29 32839-0000 / 30 U.S.A

3. Date Incorporated or Qualified: 10/27/1981

4. FEI Number: 59-2150334 ☐ Applied For ☐ Not Applicable

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
YARIAN, ED G 8067 CADIZ COURT N. ORLANDO FL 32836 MR AMINE. F. AWAD CHAIRMAN 4962 Waterways Court - 628 Orlando FL 32839-0000	81 Name: AWAD, AMINE. F. 82 Street Address (P.O. Box Number is Not Acceptable): 4962 Waterways court - 628 83 84 City: Orlando FL 32839-0000 FL 85 Zip Code: 32839-0000

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: AWAD, AMINE. F.
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	C/D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	AWAD, AMINE F		1.2 NAME	
STREET ADDRESS	8067 CADIZ COURT N.		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32836		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HUENING, JOHN H		2.2 NAME	
STREET ADDRESS	8067 CADIZ COURT N.		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32836		2.4 CITY-ST-ZIP	
NAME	YARIAN, ED G	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	8067 CADIZ COURT N.		3.2 NAME	
CITY-ST-ZIP	ORLANDO FL 32836		3.3 STREET ADDRESS	
TITLE	VP VTD	☐ DELETE	3.4. CITY-ST-ZIP	
NAME	CHONG, LILY		4.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	8067 CADIZ COURT N.		4.2 NAME	
CITY-ST-ZIP	ORLANDO FL 32836		4.3 STREET ADDRESS	
TITLE	S	☒ DELETE	4.4 CITY-ST-ZIP	
NAME	YARIAN, BETTY L		5.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	8067 CADIZ COURT N.		5.2 NAME	
CITY-ST-ZIP	ORLANDO FL 32836		5.3 STREET ADDRESS	
TITLE		☐ DELETE	5.4 CITY-ST-ZIP	
NAME			6.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS			6.2 NAME	
CITY-ST-ZIP			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.

SIGNATURE: AMINE. F. AWAD Jan 20/98 850 6002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)