

**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. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J76902

1. Corporation Name  
**PANTHER PROPERTIES, INC.**

Principal Place of Business Mailing Address  
**% Paul Fraynd**  
**560 NW 165 St Rd # 311**  
**Miami, FL 33169**  
**US**

3. Date Incorporated or Qualified **06/10/1987** 3a. Date of Last Report **04/18/96**  
4. FEI Number **65-0011404** 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 has liability for intangible tax under s. 193.032, Florida Statutes  Yes  No

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\*\*\*\*\*61.25 \*\*\*\*\*61.25

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

**9. Name and Address of Current Registered Agent**

**Eraynd, Paul**  
**560 NW 165th St Rd**  
**Suite 311**  
**Miami, FL 33169**

**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

Signature of person performing duties of registered agent or director (delete)

(Delete) Registered Agent signature required when re-registering

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <del>PSD</del>	<input type="checkbox"/> DELETE	11 TITLE <del>PSD</del>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <del>Eraynd, Paul</del>		12 NAME <del>Eraynd, Paul</del>	
STREET ADDRESS <del>560 NW 165 St Rd Suite 311</del>		13 STREET ADDRESS <del>560 NW 165 St Rd Suite 311</del>	
CITY-ST-ZIP <del>Miami, FL 33169</del>		14 CITY-ST-ZIP <del>Miami, FL 33169</del>	
TITLE <del>V</del>	<input type="checkbox"/> DELETE	21 TITLE <del>V</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <del>Linda Stein</del>		22 NAME <del>Linda Stein</del>	
STREET ADDRESS <del>560 NW 165 St Rd, Suite 311</del>		23 STREET ADDRESS <del>560 NW 165 St Rd Suite 311</del>	
CITY-ST-ZIP <del>Miami, FL 33169</del>		24 CITY-ST-ZIP <del>Miami, FL 33169</del>	
TITLE	<input type="checkbox"/> DELETE	31 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME Linda Stein	
STREET ADDRESS		33 STREET ADDRESS 560 NW 165 St Rd, Suite 311	
CITY-ST-ZIP		34 CITY-ST-ZIP Miami, FL 33169	
TITLE	<input type="checkbox"/> DELETE	41 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME Paul Fraynd	
STREET ADDRESS		43 STREET ADDRESS 560 NW 165 St Rd, Suite 311	
CITY-ST-ZIP		44 CITY-ST-ZIP Miami, FL 33169	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

*9-3-96  
A. Alan*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information created 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Paul Fraynd*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 940-5046

CR2E034 (3/96)