

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L98000002059

1. Entity Name
PAN AMERICAN-CARDEL GROUP, L.C.



FILED

05 MAY -2 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2199 PONCE DE LEON BLVD
200
CORAL GABLES, FL 33134

Mailing Address
2199 PONCE DE LEON BLVD
200
CORAL GABLES, FL 33134

2. Principal Place of Business
150 Alhambra Circle
Suite, Apt. #, etc.
925

3. Mailing Address
150 Alhambra Circle
Suite, Apt. #, etc.
925

04192005 Chg-LLC CR2E083 (10/03)

City & State
Coral Gables, FL
Zip
33134
Country
Dade

City & State
Coral Gables, FL
Zip
33134
Country
Dade

4. FEI Number
65-0873163
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DADE CORPORATE SERVICES
2300 CORAL WAY, SUITE 103
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LOPEZ-CANTERA, CARLOS
2199 PONCE DE LEON BLVD., STE 200
CORAL GABLES, FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
150 Alhambra Circle, Suite 925
Coral Gables, FL 33134 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400054033204
05/09/05--01004--016 **\$5.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JAS12 ☐ Change ☐ Addition

11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/28/05

305-856-0050