2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # N03000003669 04 MAY -3 PM 12: 13 PAN AMERICAN BUSINESS PARK MAINTENANCE ASSOCIATION, INC. TALLAHASSEE, FLORIOA Principal Place of Business Mailing Address 2199 PONCE DE LEON BLVD STE 200 2199 PONCE DE LEON BLVD STE 200 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02062004 Chq-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number Not Applicable 65010131*X* Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DADE CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2300 CORAL WAY STE 103 MIAMI, FL 33145 City 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 Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition LOPEZ-CANTERA, CARLOS C 400035732314 NAME NAME STREET ADDRESS 2199 PONCE DE LEON BLVD STE 200 STREET ADDRESS 05/07/04--01015--008 **70.00 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES, FL 33134 DVS TITLE Delete TITLE □ Change ☐ Addition BLUMENTHAL, STEPHEN A NAME NAME STREET ADDRESS 2199 PONCE DE LEON BLVD STE 200 STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP DVT Change TITLE ☐ Delete TITLE ☐ Addition CANTERA-SERALTA, MONICA L NAME NAME 2199 PONCE DE LEON BLVD STE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 or supplemental report is que 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 resolver trustee employing the to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an at like empowered

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition