Applied For

Not Applicable

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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P940000541.11

1. Corporation Name

PANAMERICAN FLOORING SERVICES, INC.

, , , , , , , , , , , , , , , , , , , ,					
Principal Place of Business	Mailing Address				
590 QUEENSBRIDGE DR LAKE MARY FL 32746	P O BOX 950428 Lake Mary Fl 32795-0428 US				
2. Principal Place of Business	2a. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
22	27				

DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed

07/21/1994

4. FEI Number 59-3254673

Jun 08, 1999 8:00 am Secretary of State 06-08-1999 90006 016 \*\*\*550.00

|--|

Suite, Apt.	#, etc.	Suite, Apt	#, etc.	_		5. Certifcate of Status Desired	- \$8.75 / □ Fee Re	
City & State	e	City & Sta	ate			6. Election Campaign Financing	\$5.00	
23		28			_	Trust Fund Contribution	Added 1	to Fees
Žip	Country	Zìp	_	Country		8. This corporation owes the cur		
24	25	29	30	J		Personal Property Tax.	\_Yes	□No
	9. Name and Address of Curren	t Registered Age	<u>nt</u>			10. Name and Address of New	Registered Agent	
DODDIOUEZ MADIA T				81	Name			
RODRIGUEZ, MARIA T 590 QUEENSBRIDGE DR			82 Street Address (P.O. Box Number is Not Acceptable)					
								LAKE
				84	City		85 Zip 0	Code
							FL	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, F	lorida Statutes, i	the above	e-named corpor	ration submits this statement for the	purpose of changing its	registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such ch	nange was autho	orized by	the corporation	's board of directors. I hereby acce	pt the appointment as re	gistered
agent, rai	III lamiliai willi, and accept the congai	ions of, dection of	01.0000, 1 londa	Otalaios.	•		5/11/99	<b>?</b>
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable	(NOTE: Red	istared Agen	t signature required v	when reinstating)	DATE	
12.		D DIRECTORS		13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	ORS IN 12
TITLE	D		] DELETE	1.1 TITLE			Change	Addition
NAME	RODRIGUEZ, MARIA T			1.2 NAME				ļ
STREET ADDRESS	590 QUEENSBRIDGE DR			1.3 STREET	ADDRESS			
CITY-ST-ZIP	LAKE MARY		· ·	1.4 CITY-ST	{			
TITLE	D		DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	RODRIGUEZ, BENITO			2.2 NAME				
STREET ADDRESS	590 QUEENSBRIDGE DR			2.3 STREET	ADDRESS			}
CITY-ST-ZIP	LAKE MARY FL 32746			2. 4 CITY-S	T- ZIP			
TITLE			] DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME				3.2 NAME	ļ			
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP				3.4. CITY-S	T-ZIP			
TITLE			DELETE	4.1 TITLE			Change	☐ Addition
NAME			1	4.2 NAME	-			ļ
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST	T-ZIP		F7.01	□ A statistica -
TITLE			] DELETE	5.1 TITLE			Change	☐ Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	}			
CITY-ST-ZIP			] DELETE	5.4 CITY-ST 6.1 TITLE	1-ZIP		Change	Addition
TITLE		L	DELETE				change	Mudicion
NAME				6.2 NAME				
STREET ADDRESS			· · · · · · · · · · · · · · · · · · ·	63 STREET				
CITY-ST-ZIP				6.4 CITY-ST	r-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 angual 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 composition or the receiver or frustee 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 attactment with an address, with all other like empowered.

SIGNATURE: