

FILE NOW: FILING FEE AFTER MAY 1 IS \$325.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY 11 AM 5:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000076812

1. Corporation Name

Cien Años de Panabono, Incorporated

Principal Place of Business

20402 SW. 85 Ave.
Miami, FL 33189

Mailing Address

20288 SW. 85 Ave.
Miami, FL 33189

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
October 17, 1994

3a. Date of Last Report
—

2. Principal Place of Business

21 20402 SW. 85 Ave.

2a. Mailing Address

26 20288 SW. 85 Ave.

4. FEI Number

65-0546587

Applied For
 Not Applicable

22 Suite, Apt #, etc

27 Suite, Apt #, etc

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

23 City & State

Miami, FL

28 City & State

Miami, FL 33189

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

24 Zip

33189

25 County

U.S.A.

29 Zip

33189

30 Country

U.S.A.

8. The corporation has liability for intangible tax under S. 199.032
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

Mauricio Chaux
20288 SW. 85 Ave.
Miami, FL 33189

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE: President
NAME: Mauricio Chaux
STREET ADDRESS: 20288 SW 85 Ave.
CITY ST ZIP: Miami, FL 33189

TITLE: Vice President
NAME: Luis A. Chaux
STREET ADDRESS: 20288 SW. 85 Ave.
CITY ST ZIP: Miami, FL 33189

TITLE: Treasurer
NAME: Richard Annese
STREET ADDRESS: 20402 SW. 85 Ave.
CITY ST ZIP: Miami, FL 33189

TITLE: Secretary
NAME: Jorge Farías
STREET ADDRESS: 20402 SW. 85 Ave.
CITY ST ZIP: Miami, FL 33189

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME: 400001486504
1.3 STREET ADDRESS: -05/12/95--01121--004
1.4 CITY ST ZIP: ***225.00 ***225.00

2.1 TITLE Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY ST ZIP:

3.1 TITLE Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY ST ZIP:

4.1 TITLE Change Addition
4.2 NAME:
4.1 STREET ADDRESS:
4.4 CITY ST ZIP:

5.1 TITLE Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY ST ZIP:

6.1 TITLE Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY ST ZIP:

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 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 of this report, or on an attachment with an address.

SIGNATURE: Mauricio Chaux Mauricio Chaux

5-9-95 (305)256-0368

Signature and typed or printed name of signing officer or director

Date

Exemption (where)

CH