

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90105 012 \*\*\*158.75

U100320

**DOCUMENT # P96000009920**

1. Entity Name  
**PAN AM TECHNOPRO CO., INC.**

Principal Place of Business      Mailing Address  
**110 MERRICK WAY**      **110 MERRICK WAY**  
**SUITE 3C**      **SUITE 3C**  
**CORAL GABLES FL 33134**      **CORAL GABLES FL 33134**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**880 NW 123 CT**      **P.O. Box 940010**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**MIAMI, FL**      **MIAMI, FL**  
 Zip      Country      Zip      Country  
**33182**      **USA**      **33194-0010**      **USA**

4. FEI Number      Applied For  
**65-0641352**       Not Applicable  
 5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SALAS, HERIBERTO J**  
**110 MERRICK WAY**  
**SUITE 3C**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent  
 Name      **SALAS, HERIBERTO J.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**880 NW 123 CT**  
 City      State      Zip Code  
**MIAMI**      **FL**      **33182**

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.  
 SIGNATURE:      DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SALAS, HERIBERTO J</b>
STREET ADDRESS	<b>880 NW 123 CT</b>
CITY-ST-ZIP	<b>MIAMI FL 33182</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>SALAS, NELSON F</b>
STREET ADDRESS	<b>3614 SW 57 AVE</b>
CITY-ST-ZIP	<b>MIAMI FL 33155</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SALAS, Maria G. Longa</b>
STREET ADDRESS	<b>880 NW 123 CT</b>
CITY-ST-ZIP	<b>MIAMI, FL 33182</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:      Date: **04/21/01**      Daytime Phone #: **305-2231517**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)