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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000097877 (0)

FILED Apr 13 1998 8:00am Secretary of State

PANAMERICA LOGISTICS, INC. Principal Place of Business Mailing Address 10939 BAL HARBOR DRIVE POST OFFICE BOX 970631 **BOCA RATON FL 33498 BOCA RATON FL 33497-0631** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/03/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 21 Not Applicable 65-0712405 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional V 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Zιρ Country Country 8. This corporation owes or has paid the current year Intangible Yes Yes ☐ No 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **AMERILAWYER CHARTERED** 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 **CORAL GABLES FL 33134** 83 84 City 85 Zip Code of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered or both, in the State of Davida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered accept the objection 607.0505, Florida Statutes. 11. Pursuant to the provision office or registered agent. I am familiar RAMIRO C. LEAL SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. __ Addition DELETE Change TITLE LEAL, RAMIRO C NAME 1.2 NAME 10939 BAL HARBOR DRIVE 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33498** CITY-ST-ZIP 1.4 CHY-\$1-ZIP DELETE Change 2.1 TITLE Addition TITLE GAHAGEN, ROBERT D JR. NAME 2.2 NAME 10939 BAL HARBOR DRIVE 2 3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33498** 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 3.1 THLE TITLE LEAL, MARIA CARMEN GAHAGEN, DEBORAH D 3.2 NAME NAME 10939 BAL HARBOR DRIVE 10939 BAL HARBOR DRIVE 3.3 STREET ADDRESS STREET ADDRESS 33498 **BOCA RATON FL 33498** BOCA RATION! CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE 4.1 THLE Change Addition TITLE LEAL, MARIA CARMEN 4. 2 NAME NAME 10939 BAL HARBOR DRIVE STREET ADDRESS 4.3 STREET ADDRESS **BOCA RATON FL 33498** 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 1DLE 5.2 NAME NAME STREET ADDRESS 5.3 STHEET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 THE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 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 of the corporation of the corporation of 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 if changed