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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Norborn
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V21027 (0)

1. Corporation Name
PANAMERICAN EQUIPMENT SALES CORPORATION

Principal Place of Business: **1500 S. DIXIE HIGHWAY SUITE 350 CORAL GABLES FL 33146**

Mailing Address: **1500 S. DIXIE HIGHWAY SUITE 350 CORAL GABLES FL 33146**

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

Suite, Apt. #, etc.: **22**

City & State: **23**

Zip: **24** Country: **25**

3. Date Incorporated or Qualified: **03/13/1992**

3a. Date of Last Report: **03/18/1994**

4. FEI Number: **65-0322481**

Applied For: Applied For Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

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

8. This corporation has liability or intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**CLINE, HARRY S.
400 CLEVELAND ST.
CLEARWATER FL 34615**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 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 _____ DATE _____

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FENTON, JAMES P
STREET ADDRESS	1500 S. DIXIE HIGHWAY, SUITE 350
CITY - ST - ZIP	CORAL GABLES FL
TITLE	VP
NAME	PIEDRAHITA, JAIRO
STREET ADDRESS	175 FONTAINEBLEAU BLVD. SUITE 1-F
CITY - ST - ZIP	MIAMI FL
TITLE	S
NAME	POWELL, JEFFERSON N JR.
STREET ADDRESS	1500 S. DIXIE HIGHWAY, SUITE 350
CITY - ST - ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), 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, director, or shareholder of the corporation or the receiver or trustee appointed to reorganize this report as required by Chapter 007, Florida Statutes; and that my name appears in block 12 or block 13 if changed, or on an amendment with an addition.

SIGNATURE: *Jefferson Norman Powell Jr.* **4/24/95 (305) 665-6750**

Signature typed or printed name of signing officer or director