

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V21027 (0)**
1. Corporation Name
PANAMERICAN EQUIPMENT SALES CORPORATION



Principal Place of Business

Mailing Address

~~1500 S. DIXIE HIGHWAY
SUITE 350
CORAL GABLES FL 33146~~

~~1500 S. DIXIE HIGHWAY
SUITE 350
CORAL GABLES FL 33146~~

3. Date Incorporated or Qualified 03/13/1992	3a. Date of Last Report 04/27/1995
4. FEI Number 65-0322481	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 1200 Brickell Avenue Suite, Apt. #, etc.	2a. Mailing Address 26 1200 Brickell Avenue Suite, Apt. #, etc.
22 Suite 305 City & State	27 Suite 305 City & State
23 Miami, Florida	28 Miami, Florida
24 33131 25 Country	29 33131 30 Country

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0607 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 607.0605, Florida Statutes.

SIGNATURE

Signature of the person who is being appointed as agent

Signature of the Agent

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE	<input type="checkbox"/> DELETE
NAME	PD FENTON, JAMES P
STREET ADDRESS	1500 S. DIXIE HIGHWAY, SUITE 350
CITY-ST-ZIP	CORAL GABLES FL
TITLE	<input type="checkbox"/> DELETE
NAME	VP PIEDRAHITA, JAIRO
STREET ADDRESS	175 FONTAINEBLEAU BLVD. SUITE 1-F
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	S POWELL, JEFFERSON N JR
STREET ADDRESS	1500 S. DIXIE HIGHWAY, SUITE 350
CITY-ST-ZIP	CORAL GABLES FL
TITLE	<input type="checkbox"/> DELETE
NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	<input type="checkbox"/> DELETE
CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. 1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add-on
2. NAME	PD Fenton, James P.
3. STREET ADDRESS	1200 Brickell Avenue, Suite 305
4. CITY-ST-ZIP	Miami, Florida 33131
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add-on
2. NAME	VP Piedrahita, Jairo
3. STREET ADDRESS	1983 NW 83th Court, Suite 301
4. CITY-ST-ZIP	Miami, Florida 33172
3. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add-on
3. NAME	S Powell, Jr., Jefferson N.
3. STREET ADDRESS	1200 Brickell Avenue, Suite 305
4. CITY-ST-ZIP	Miami, Florida 33131
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add-on
4. NAME	
4. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add-on
5. NAME	
5. STREET ADDRESS	
5. CITY-ST-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add-on
6. NAME	
6. STREET ADDRESS	
6. 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, if changed, or on an attachment with a new address.

SIGNATURE: *Jefferson N Powell Jr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jefferson, Name

3/4/96 Date (305) 373-6930 Daytime Phone #

CR2E034 (12/95)