

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 FEB -9 AM 10:22

**DOCUMENT # V45174 (2)**

1. Corporation Name  
**PAK-AM INC.**

Principal Place of Business      Mailing Address  
**235 71ST STREET      235 71ST STREET  
MIAMI BEACH FL 33141      MIAMI BEACH FL 33141**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**06/22/1992      03/22/1994**

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. Zip      Country           | 28. Zip      Country    |
| 24.      25.      29.      30. |                         |

4. FEI Number      Applied For  
**65-0341507**      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 for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

**PANJWANI, AMIRALI  
235 71ST STREET  
MIAMI BEACH FL 33141**

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

| 12. OFFICERS AND DIRECTORS |                            |
|----------------------------|----------------------------|
| TITLE                      | <b>D</b>                   |
| NAME                       | <b>PANJWANI, AMIRALI</b>   |
| STREET ADDRESS             | <b>235 71ST STREET</b>     |
| CITY - ST - ZIP            | <b>MIAMI BEACH FL</b>      |
| TITLE                      | <b>D</b>                   |
| NAME                       | <b>GHULAMALI, GHULAM H</b> |
| STREET ADDRESS             | <b>235 71ST STREET</b>     |
| CITY - ST - ZIP            | <b>MIAMI BEACH FL</b>      |
| TITLE                      |                            |
| NAME                       |                            |
| STREET ADDRESS             |                            |
| CITY - ST - ZIP            |                            |
| 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   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |   |
| 1.3 STREET ADDRESS                                    |   |
| 1.4 CITY - ST - ZIP                                   |   |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |   |
| 2.3 STREET ADDRESS                                    |   |
| 2.4 CITY - ST - ZIP                                   |   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY - ST - ZIP                                   |   |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 CITY - ST - ZIP                                   |   |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |   |
| 5.3 STREET ADDRESS                                    |   |
| 5.4 CITY - ST - ZIP                                   |   |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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)(a), 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 an address.

SIGNATURE: Amirali Panjwani      2-6-95      (305) 655-0416  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR