## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 147384**

## Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90022 001 \*\*\*150.00

Corporation Name								
PAN AM SUPPLY CO								
Principal Place of Business Mailing Address							Tibit State acast	616(1 B184) 18 <del>6</del> 1
2525 N W 75TH STREET 2525 N W 75TH STREET								•
MIAMI FL 33147 MIAMI FL 33147					DO NOT WRITE IN THIS SPACE			
					Date Incorporated or Qualife		J-AOL	
					06/12/1946	•		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	<del></del>	Ar	pplied For
21 26				59-0553290		<u> </u>	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							Additional	
22 27				5. Certifcate of Status Desired			equired	
City & State City & State					6. Election Campaign Financing		\$5.00	May Be
23					Trust Fund Contribution	<u>'                                    </u>		to Fees
Zip	Country Zip		Country		8. This corporation owes the cu	rrent year Int		_
24	25 29 30		<u>o  </u>		Personal Property Tax.		¥Yes	□No
	9. Name and Address of Current	Registered Agent		T.,	10. Name and Address of New	Registered	<u>Agent</u>	
CHY	WEEN AIREDT I		81	Name			•	
SHAHEEN, ALBERT J 6801 S.W. 80 AVENUE			82	Street Addre	ss (P.O. Box Number is Not Accep	table)		
MIAMI FL 33143								
MIANNI FE 00140			83					
			84	City			85 Zip (	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,				<u> </u>	single this state of the state	FL		registered
office or r	agistered agent or both in the State of	f Florida. Such channe was auth	horized by	the comoration	ration submits this statement for the n's board of directors. I hereby accurate	ept the appoi	ntment as re	gistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	la Statutes	5.	· ·			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: P)	acustared Anai	nt signature required	when reinstation)	DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO O	FFICERS AN	ID DIRECTO	ORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	SHAHEEN,ALBERT J		1.2 NAME	ĺ	•			
STREET ADDRESS	6801 S.W. 80 AVE.		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S	T-ZIP				
TITLE	SD	☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME	SHAHEEN, FRANCES C.		2.2 NAME		•			
STREET ADDRESS	2004 O 144 OO A145			TADDRESS				}
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-S	ST-ZIP			`	
TITLE	VD	DELETE	3.1 T/∏LE	ļ			☐ Change	` Addition
NAME	SHAHEEN, ALBERT R.		3.2 NAME					
STREET ADDRESS		S.W. 114 ST.	3.3 STREE	TADORESS				
CITY-ST-ZIP	MIAMI FL		3.4. CITY- S	ST-ZIP				T Addition
TITLE	VD	DELETE	4.1 TITLE				☐ Change	Addition
NAME	SHAHEEN, MICHAEL J.		4, 2 NAME					į
STREET ADDRESS	<b>168 305 37 4305</b> S	ALTWATER BLV.	1	TADORESS				
CITY-ST-ZIP	TAMPA FL	☐ DELETE	4 4 CITY-S	T-ZIP			☐ Change	☐ Addition
TITLE	D CALAZAD ZIJI EIKA	□ DECETE	5.2 NAME				La Change	
NAME	Salazar, zuleika 7649 n.w. 168 st			T ADDRESS				
STREET ADDRESS	MIAMI FL 33015	;	5.4 CITY-S	1				
CITY-ST-ZIP	MICANI I C 300 IO	□ DELETE	6.1 TITLE	,			[ ] Change	Addition
TITLE &-	· ·	- Detter	6.2 NAME					
NAME .			I .	TADDRESS				ļ
STREET ADDRESS			U.S STINEL					

14. 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 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 or an attachment with an address, with all other like empowered.

SIGNATURE: 3

305-691-058;