

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 309624

(5)

1. Corporation Name

PANIMEX INC



Principal Place of Business

Mailing Address

C/O HELEN L. CROMLEY  
850 S.E. 7TH ST., STE. A  
DEERFIELD BCH FL 33441

C/O HELEN L. CROMLEY  
850 S.E. 7TH ST., STE. A  
DEERFIELD BCH FL 33441

3. Date Incorporated or Qualified

10/04/1966

3a. Date of Last Report

03/28/1995

2. Principal Place of Business

2a. Mailing Address

21 1401 E. Broward Blvd.

26 1401 E. Broward Blvd.

4. FEI Number

59-1199399

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 201

27 Suite 201

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

23 Fort Lauderdale, FL

28 Fort Lauderdale, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33301

25 Broward

29 33301

30 Broward

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CROMLEY, HELEN L.  
850 S.E. 7TH ST., STE. A  
DEERFIELD BCH FL 33441

81 Name

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

1401 East Broward Boulevard

83 Suite 201

84 City

Fort Lauderdale

FL

85 Zip Code

33301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD  
NAME KLING, TILA  
STREET ADDRESS 77 DAVISVILLE AVE. #2317  
CITY-ST-ZIP TORONTO CA ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME CROMLEY, HELEN L.  
STREET ADDRESS 850 S.E. 7TH ST., STE. A  
CITY-ST-ZIP DEERFIELD BCH FL ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 1401 East Broward Blvd., Suite 201  
2.4 CITY-ST-ZIP Fort Lauderdale, FL 33301 ☒ Change ☐ Addition

TITLE PD  
NAME KLING, REINHARD  
STREET ADDRESS 77 DAVISVILLE AVE., #2317  
CITY-ST-ZIP TORONTO, ONT., CA ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 an address.

SIGNATURE: *Helen L. Cromley* Helen L. Cromley, Director 4/25/96 954-760-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)