


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 309624 (5)			
1. Corporation Name PANIMEX INC			
Principal Place of Business 1401 E. BROWARD BLVD. SUITE 201 FORT LAUDERDALE FL 33301 US		Mailing Address 1401 E. BROWARD BLVD. SUITE 201 FORT LAUDERDALE FL 33301 US	
2. Principal Place of Business 21 90 5200 Blue Lagoon Dr. Suite, Apt. #, etc. 22 Suite 700 City & State 23 Miami, FL Zip 24 33126 Country 25 USA		2a. Mailing Address 26 90 5200 Blue Lagoon Dr. Suite, Apt. #, etc. 27 Suite 700 City & State 28 Miami, FL Zip 29 33126 Country 30 USA	
3. Date Incorporated or Qualified 10/04/1966 3a. Date of Last Report 04/30/1996			
4. FEI Number 59-1199399 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent MIAMI CORPORATE SYSTEMS, INC. 5200 BLUE LAGOON DR., STE. 700 MIAMI FL 33128		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 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	1.1 TITLE	DV
NAME	KLING, TILA	1.2 NAME	KLING, TILA
STREET ADDRESS	77 DAVISVILLE AVE. #2317	1.3 STREET ADDRESS	3110 NE 58th Street
CITY-ST-ZIP	TORONTO CA	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	SD	2.1 TITLE	DS
NAME	CROMLEY, HELEN L.	2.2 NAME	KLING, RICARDO
STREET ADDRESS	1401 EAST BROWARD BLVD., SUITE 201	2.3 STREET ADDRESS	3110 NE 58th Street
CITY-ST-ZIP	FORT LAUDERDALE FL	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	PD	3.1 TITLE	DP
NAME	KLING, REINHARD	3.2 NAME	KLING, REINHARD
STREET ADDRESS	77 DAVISVILLE AVE., #2317	3.3 STREET ADDRESS	3110 NE 58th Street
CITY-ST-ZIP	TORONTO, ONT., CA.	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE		4.1 TITLE	DAS
NAME		4.2 NAME	KLING, ALFRED
STREET ADDRESS		4.3 STREET ADDRESS	3110 NE 58th Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE		5.1 TITLE	DT
NAME		5.2 NAME	KLING, ROBERTO
STREET ADDRESS		5.3 STREET ADDRESS	3110 NE 58th Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 on an attachment with an address.

CR2E034 (497)