FILED

2002 Uniform Business Report (UBR)

Apr 09, 2002 8:00 am Secretary of State 309624 DOCUMENT # 1. Entity Name PANIMEX INC 04-09-2002 90722 011 ***150.00 Principal Place of Business Mailing Address 283 CATALONIA AVENUE 283 CATALONIA AVENUE 2ND FLOOR 2ND FLOOR CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1199399 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MIAMI CORPORATE SYSTEMS, INC. Street Address (P.O. Box Number is Not Acceptable) **283 CATALONIA AVENUE** 2ND FLOOR **CORAL GABLES FL 33134** City Zip Code FI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE □ Delete TITLE ☐ Change ■ Addition E034 (9/01 KLING, TILA NAME NAME 283 CATALONIA AVENUE, 2ND FLOOR STREET ADDRESS STREET ADDRESS **CORAL GABLES FL 33134** CITY-ST-7IP CITY-ST-ZIP DS ☐ Delete ☐ Addition TITLE TITLE ☐ Change KLING, RICARDO NAME NAME STREET ADDRESS 283 CATALONIA AVENUE, 2ND FLOOR STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP CITY-ST-ZIP ☐ Change DP TITLE noltibhA 🔲 TITLE Delete KLING, REINHARD NAME NAME 283 CATALONIA AVENUE, 2ND FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CORAL GABLES FL 33134** CITY-ST-7IP DAS ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME KLING, ALFRED NAME STREET ADDRESS 283 CATALONIA AVENUE, 2ND FLOOR STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME KLING, ROBERTO NAME 283 CATALONIA AVENUE, 2ND FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CORAL GABLES FL 33134** CITY-ST-ZIP TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 11 or Block 12 if

SIGNATURE:

changed, or on an attachment-

SHATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

ROBERTO J. KCING HAR. 27

Daytime Phone #