


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90191 009 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 309624					
1. Entity Name PANIMEX INC					
Principal Place of Business 283 CATALONIA AVENUE 2ND FLOOR CORAL GABLES, FL 33134 US			Mailing Address 283 CATALONIA AVENUE 2ND FLOOR CORAL GABLES, FL 33134 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1199399	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MIAMI CORPORATE SYSTEMS, INC. 283 CATALONIA AVENUE 2ND FLOOR CORAL GABLES, FL 33134				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)</small>					
DATE _____					
FILE NOW!!! FEE IS \$160.00 After May 1, 2003, Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	DV <input checked="" type="checkbox"/> Delete				
NAME	KLING, TILA				
STREET ADDRESS	283 CATALONIA AVENUE, 2ND FLOOR				
CITY-ST-ZIP	CORAL GABLES, FL 33134				
TITLE	DS <input type="checkbox"/> Delete				
NAME	KLING, RICARDO				
STREET ADDRESS	283 CATALONIA AVENUE, 2ND FLOOR				
CITY-ST-ZIP	CORAL GABLES, FL 33134				
TITLE	DP <input checked="" type="checkbox"/> Delete				
NAME	KLING, REINHARD				
STREET ADDRESS	283 CATALONIA AVENUE, 2ND FLOOR				
CITY-ST-ZIP	CORAL GABLES, FL 33134				
TITLE	DAS <input type="checkbox"/> Delete				
NAME	KLING, ALFRED				
STREET ADDRESS	283 CATALONIA AVENUE, 2ND FLOOR				
CITY-ST-ZIP	CORAL GABLES, FL 33134				
TITLE	DT <input type="checkbox"/> Delete				
NAME	KLING, ROBERTO				
STREET ADDRESS	283 CATALONIA AVENUE, 2ND FLOOR				
CITY-ST-ZIP	CORAL GABLES, FL 33134				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	DASVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	Alfred Kling				
STREET ADDRESS	283 Catalonia Ave., 2nd Floor				
CITY-ST-ZIP	Coral Gables, FL 33134				
TITLE	DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	Roberto Kling				
STREET ADDRESS	283 Catalonia Ave., 2nd Floor				
CITY-ST-ZIP	Coral Gables, FL 33134				
TITLE	DAVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	Martha Kling de Uribe				
STREET ADDRESS	283 Catalonia Ave., 2nd Floor				
CITY-ST-ZIP	Coral Gables, FL 33134				
12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Roberto J. Kling, President APR. 24/03</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

CR2E034 (10/02)