

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 356157 (8)

1. Corporation Name
PANAMANAGEMENT INC



Principal Place of Business: **25 W FLAGLER STREET
SUITE 702 CITY NATIONAL BANK BLDG
MIAMI FL 33130-8770**

Mailing Address: **25 W FLAGLER STREET
SUITE 702 CITY NATIONAL BANK BLDG
MIAMI FL 33130-8770**

2. Principal Place of Business: **25 West Flagler St.
Suite 702
City National Bank Bldg.
City & State: Miami, Florida
Zip: 33130-1770**

2a. Mailing Address: **25 West Flagler St.
Suite 702
City National Bank Bldg.
City & State: Miami, Florida
Zip: 33130-1770**

9. Name and Address of Current Registered Agent: **DUHIG, JOHN H
STE 702 CITY NATIONAL BANK BLDG
25 W. FLAGLER STREET
MIAMI FL 33130**

3. Date Incorporated or Qualified: **12/02/1969**

3a. Date of Last Report: **01/24/1995**

4. FEI Number: **59-1403884**

5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes: ☐ Yes ☒ No

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 607.054(2) 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.054(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. Name: **PD DUHIG, JOHN H.**

2. Street Address: **25 WEST FLAGLER STREET**

3. City & State: **MIAMI FL**

4. Name: **VD MARTINEZ, ALICE**

5. Street Address: **25 WEST FLAGLER STREET**

6. City & State: **MIAMI FL**

7. Name: **STD SOULES, DOROTHY**

8. Street Address: **25 WEST FLAGLER STREET**

9. City & State: **MIAMI FL**

10. Name: **VD MARTINEZ, STEPHANIE**

11. Street Address: **25 WEST FLAGLER STREET**

12. City & State: **MIAMI FL**

13. Name: **VD MARTINEZ, JONATHAN**

14. Street Address: **25 WEST FLAGLER STREET**

15. City & State: **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. Name: ☐ Change ☐ Add/In

2. Street Address: ☐ Change ☐ Add/In

3. City & State: ☐ Change ☐ Add/In

4. Name: ☐ Change ☐ Add/In

5. Street Address: ☐ Change ☐ Add/In

6. City & State: ☐ Change ☐ Add/In

7. Name: ☐ Change ☐ Add/In

8. Street Address: ☐ Change ☐ Add/In

9. City & State: ☐ Change ☐ Add/In

10. Name: ☐ Change ☐ Add/In

11. Street Address: ☐ Change ☐ Add/In

12. City & State: ☐ Change ☐ Add/In

14. I, the undersigned, certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this 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 or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing or on an affidavit with an address.

SIGNATURE: **John H. Duhig** January 17, 1996 (305) 379-2644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John H. Duhig, President/Director

CR2E034 (12/95)