

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 356157

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 33130-1770
US

2. Principal Place of Business

21 1295 So.Venetian Way
Suite, Apt. #, etc.

22 City & State
23 Miami Beach, FL

24 33139 25 USA

2a. Mailing Address

26 1295 So.Venetian Way
Suite, Apt. #, etc.

27 City & State
28 Miami Beach, FL

29 33139 30 USA

9. Name and Address of Current Registered Agent

DUHIG, JOHN H
STE 702 CITY NATIONAL BANK BLDG
25 W. FLAGLER STREET
MIAMI FL 33130-1770

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1969

4. FEI Number

59-1403884

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

John H. Duhig (Same)

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

1295 So. Venetian Way

83

84 City

Miami Beach,

FL

85 Zip Code

33139

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

TITLE PD
NAME DUHIG, JOHN H.
STREET ADDRESS 25 WEST FLAGLER STREET
CITY-ST-ZIP MIAMI FL 33130

TITLE VD
NAME MARTINEZ, ALICE
STREET ADDRESS 25 WEST FLAGLER STREET
CITY-ST-ZIP MIAMI FL 33130

TITLE STD
NAME SOULES, DOROTHY
STREET ADDRESS 25 WEST FLAGLER STREET
CITY-ST-ZIP MIAMI FL 33130

TITLE VD
NAME MARTINEZ, STEPHANIE
STREET ADDRESS 25 WEST FLAGLER STREET
CITY-ST-ZIP MIAMI FL 33130

TITLE VD
NAME MARTINEZ, JONATHAN
STREET ADDRESS 25 WEST FLAGLER STREET
CITY-ST-ZIP MIAMI FL 33130

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1295 So. Venetian Way
1.4 CITY-ST-ZIP Miami Beach, FL 33139

2.1 TITLE
2.2 NAME Alice Martinez Duhig
2.3 STREET ADDRESS 1295 So. Venetian Way
2.4 CITY-ST-ZIP Miami Beach, FL 33139

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 1295 So. Venetian Way
3.4 CITY-ST-ZIP Miami Beach, FL 33139

4.1 TITLE
4.2 NAME Stephanie Martinez McGhee
4.3 STREET ADDRESS 1295 So. Venetian Way
4.4 CITY-ST-ZIP Miami Beach, FL 33139

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS 1295 So. Venetian Way
5.4 CITY-ST-ZIP Miami Beach, FL 33139

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

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John H. Duhig, President/Director

2/17/99 (305) 374-3206

Date

Daytime Phone #

CR2E034 (11/98)