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Secretary of State

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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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1295 So. Venetian Way

2a. Mailing Address
26 1295 So. Venetian Way

3. Date Incorporated or Qualified
12/02/1969

4. FEI Number
59-1403884

Applied For
 Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

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

23 City & State
Miami Beach, FL

28 City & State
Miami Beach, FL

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

24 Zip **33139** 25 Country **USA**

29 Zip **33139** 30 Country **USA**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 *John H. Duhig*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	<input type="checkbox"/>
NAME	DUHIG, JOHN H.	
STREET ADDRESS	25 WEST FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	VD	<input type="checkbox"/>
NAME	MARTINEZ, ALICE	
STREET ADDRESS	25 WEST FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	STD	<input type="checkbox"/>
NAME	SOULES, DOROTHY	
STREET ADDRESS	25 WEST FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	VD	<input type="checkbox"/>
NAME	MARTINEZ, STEPHANIE	
STREET ADDRESS	25 WEST FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	VD	<input type="checkbox"/>
NAME	MARTINEZ, JONATHAN	
STREET ADDRESS	25 WEST FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	1295 So. Venetian Way		
1.4 CITY-ST-ZIP	Miami Beach, FL 33139		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS	1295 So. Venetian Way		
3.4 CITY-ST-ZIP	Miami Beach, FL 33139		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS	1295 So. Venetian Way		
5.4 CITY-ST-ZIP	Miami Beach, FL 33139		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *John H. Duhig*

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)