

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

0227534

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90104 038 \*\*\*150.00

DOCUMENT # **484553**

1. Corporation Name  
**PICPAN, INC.**



Principal Place of Business  
**9100 SOUTH DADELAND BOULEVARD  
1707  
MIAMI FL 33156-7819  
US**

Mailing Address  
**9100 SOUTH DADELAND BLVD.  
1707  
MIAMI FL 33156-7819  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/16/1975**

2. Principal Place of Business

**21 9350 South Dixie Highway**

2a. Mailing Address

**26 9350 South Dixie Highway**

4. FEI Number

**59-1637984**

Applied For

☐ Not Applicable

Suite, Apt. #, etc.

**22 Suite 1550**

Suite, Apt. #, etc.

**27 Suite 1550**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

City & State

**23 Miami, Florida**

City & State

**28 Miami, Florida**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

Zip

**24 33156**

Country

**25 USA**

Zip

**29 33156**

Country

**30 USA**

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

9. Name and Address of Current Registered Agent

**LEWIS, WILLIAM C., JR.  
501 BRICKELL KEY DRIVE SUITE 206  
MIAMI FL 33131-9608**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**9350 South Dixie Highway**

83 Suite 1550

84 City  
**Miami**

**FL**

85 Zip Code  
**33156**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/17/99**

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE  
NAME **CABELLERO, FERNANDO**  
STREET ADDRESS **9100 SOUTH DADELAND BLVD., SUITE 1707**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **9350 South Dixie Highway, Suite 1550**  
1.4 CITY-ST-ZIP **Miami, Florida 33156**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-9-99**

**305-670  
6770(280)**

CR2E034 (11/98)