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

PROFIT CORPORATION ANNUAL REPORT



Ft ORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 550757

(9)

PΔN	AMFRICAN	CHRVEVC	INC

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Principal Place	of Business	Mailing Address				a todini bribi bilir dalih indar Bili	1 1881 81911	#1811 91811 8F811	FOLDIA DIQUI FOQU
14260 S.W. 1 Miami Fl. 33		14260 S.W. 136 ST Miami Fl 33186	#20						
					3. Date Incorporated or Qualified 3a. Date of Last Report 02/21/1995			•	
2. Principal Pia	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				59-1782914			Vot Applicable
Suite, Apit. #		Suite, Apt #, etc.				5. Certificate of Status Desired			Additional Required
Gity & State 23		City & State				6. Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
- Zip	Country	Zip	Cou	untry		8. This corporation has liability for	intangible	tax under s	199.032,
24	[25]	29	30	,		<u> </u>	□ No		
	9. Name and Address of Currer	it Registered Agent		81	N1	10. Name and Address of New R	egistere	d Agent	
				"	Name				
	r, donald a.			82	Street Ado	iress (P.O. Box Number is Not Acceptab	le)		***************************************
	S.W. 136TH ST.			83				· · · <del>- · · · · · · · · · · · · · · · ·</del>	<del> </del>
UNIT 20				53					
MIAMI F	FL 33186			84	City			85 Zir	o Code
41 Characterist to	the requisions of Sections 607 0500	and 607 1500 Florida Ctat.	ton the ob-	Щ	<del></del>	oration submits this statement for the pur	<u> </u>		
Or reģistere	ed agent, or both, in the State of Florid	da. Such change was author	ized by the	oorpx	amed corpo iration's boa	ration submits this statement for the pur ard of directors. I hereby accept the app	pose ot d pintment :	rhanging its r as registered	egistered office agent. I am
famil är Witt	h, and accept the obligations of, Sect	ion 607.0505, Florida Statute	es.					-	_
SIGNATURE	Styristure, typed or printed has a lof registerad agenr	nember forest the	UČITŠ : P. o otnom	· Amount		ed when reinstating)			
12.	OFFICERS ANI		13.	J AUGISTIC	aduature recivir	ADDITIONS/CHANGES TO OFF	DATE	NO DIRECTO	IPS IN 12
TIBLE	P	DELETE	1 11	TITLE		PIDDITIONS OF BUILDING	OLI IO AI	Change	Addition
NAME	WALKER, DONALD A	_	1.2 N		-				
S RELEADOFESS	14260 S.W. 136 ST., #20		138	TREET.	ADDRESS				
C/Tr - S1 - Z/P	MIAMI FL			H1Y-\$1	1				
THILE	ST	☐ DELETE	2 1 1	IILE				☐ Change	Addition
NAME	Walker, Cynthia H		2 2 N	AME					
SHEEL ADURESS	14260 S.W. 136 ST., #20		238	TREET.	ADORESS				
COTY ST-ZIP	MIAMI FL		240	(TY - S1	- 21P				
III_E		DELETE	3 1 1	IITLE				Change	☐ Addition
NAME			3 ? N	AME					
STREET ADDRESS			333	STREET	ADDRESS				
CHIY_ST-ZIP				(TY - \$1	- ZIP				
III.CF		☐ DELETE	4 1 1					Change	Addition
NAME			4.2 N	AME					
STHEE! ADDRESS			1		ADDRESS				
OBY-\$1-7IP			9	ITY-\$1	- ZIP	· · · · · · · · · · · · · · · · · · ·			
THEF NAME		DELETE	5.11					☐ Change	Addition
			52 N		inner co				
STREET ADDRESS OFF - ST-ZIP			•		ADDRESS				
Tijft Ciix - 2 : - 5 is.		DELETE	6 1 T	(1Y-\$1	- 2117			Change	Addition
NAME			62 N						T Vandani
STREET ADDRESS					ADDRESS				
OTY STIZE				ITY-ST					
14. I do hereby	r y certify that the information supplied i	with this filing is voluntarily ful	rnished and	does	not pust tv	for the exemption stated in Section 119.	07(3)(k) I	lorida Statut	es. I further
oath; that I	tue information indicated on this annu	ial report or supplemental an iration or the receiver or trust	inual report tee empowe	is triu	and accur	ate and that my signature shall have the is report as required by Chapter 607, Fi	same loo	al offect se if	made under

1-18-96 . Daytime Prone •

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: