

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

AMENDED

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97 SEP 15 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 550757

1. Corporation Name

PAN AMERICAN SURVEYS, INC.

Principal Place of Business

Mailing Address

301 HAVERHILL RD. PO BOX 10008
COCOA, FL 32927 U.S. COCOA, FL 32927 U.S.

3. Date Incorporated or Qualified 3a. Date of Last Report
02/11/97

2. Principal Place of Business	2a. Mailing Address
21 13380 SW 128 STREET	26 13380 SW 128 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 MIAMI, FL	28 MIAMI, FL
Zip	Zip
24 33186	29 33186
Country	Country
25 U.S.	30 U.S.

4. FEI Number	Applied For
59-1782914	Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
Trust Fund Contribution	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROGER J. MOLITOR
301 HAVERHILL RD.
COCOA, FL 32927 U.S.

81 Name	ROSS H. COBB
82 Street Address (P.O. Box Number is Not Acceptable)	13380 SW 128 STREET
83	
84 City	MIAMI
85 Zip Code	33186

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 ROSS H. COBB PRESIDENT 9-05-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D/P/S/T <input checked="" type="checkbox"/> DELETE
NAME	ROGER J. MOLITOR
STREET ADDRESS	301 HAVERHILL RD.
CITY - ST - ZIP	COCOA, FL 32927 U.S.

1.1 TITLE	D/P/S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROSS H. COBB
1.3 STREET ADDRESS	13380 SW 128 STREET
1.4 CITY - ST - ZIP	MIAMI, FL 33186

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

9-05-97 (305) 235-7051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)