

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **564281** (4)
1. Corporation Name
PAN-AMERICAN DUTY FREE CORPORATION.



Principal Place of Business: **1925 BRICKELL AVE. #D210 MIAMI FL 33129**
Mailing Address: **1925 BRICKELL AVE. #D210 MIAMI FL 33129**
NEW ADDRESS:
1901 BRICKELL AVENUE, #B-202, MIAMI, FLORIDA 33129

3. Date Incorporated or Qualified: **12/08/1977**
3a. Date of Last Report: **03/17/1995**
4. FEI Number: **59-1785691**
Applied For: Applied For
Not Applicable: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
22 Suite, Apt. #, etc.: 27
23 City & State: 28
24 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: **VICIANA, ENRIQUE 836 PONCE DE LEON BLVD. SUITE 2800 CORAL GABLES FL 33134**
10. Name and Address of New Registered Agent: 81 Name: **2600 DOUGLAS ROAD PENTHOUSE 8 CORAL GABLES, FL 33134**
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: **FL** 85 Zip Code

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: _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: S	<input type="checkbox"/> DELETE	1.1 TITLE: SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: QUINTERO, ANABELLA		1.2 NAME: QUINTERO, ANABELLA	
STREET ADDRESS: 1925 BRICKELL AVE STE 210		1.3 STREET ADDRESS: 1901 BRICKELL AVENUE #B-202	
CITY-STATE-ZIP: MIAMI FL		1.4 CITY-STATE-ZIP: MIAMI, FLORIDA 33129	
TITLE: V	<input type="checkbox"/> DELETE	2.1 TITLE: VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: THERMIOTIS, ALEJANDRO		2.2 NAME: THERMIOTIS, ALEJANDRO	
STREET ADDRESS: 1925 BRICKELL AVENUE, STE. D210		2.3 STREET ADDRESS: 1901 BRICKELL AVENUE #B202	
CITY-STATE-ZIP: MIAMI FL		2.4 CITY-STATE-ZIP: MIAMI, FLORIDA 33129	
TITLE: S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: QUINTERO, ANABELLA		3.2 NAME: _____	
STREET ADDRESS: 1925 BRICKELL AVE STE D210		3.3 STREET ADDRESS: _____	
CITY-STATE-ZIP: MIAMI FL		3.4 CITY-STATE-ZIP: _____	
TITLE: PRESIDENT	<input type="checkbox"/> DELETE	4.1 TITLE: PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: ROTEL, NELSON		4.2 NAME: ROTEL, NELSON	
STREET ADDRESS: 1901 BRICKELL AVENUE, #B-202		4.3 STREET ADDRESS: 1901 BRICKELL AVENUE #B-202	
CITY-STATE-ZIP: MIAMI, FLORIDA 33129		4.4 CITY-STATE-ZIP: MIAMI, FLORIDA 33129	
TITLE: _____	<input type="checkbox"/> DELETE	5.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		5.2 NAME: _____	
STREET ADDRESS: _____		5.3 STREET ADDRESS: _____	
CITY-STATE-ZIP: _____		5.4 CITY-STATE-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	6.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		6.2 NAME: _____	
STREET ADDRESS: _____		6.3 STREET ADDRESS: _____	
CITY-STATE-ZIP: _____		6.4 CITY-STATE-ZIP: _____	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Anabella Quintero* Secretary **3/6/96** (305) 858-2126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)