

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

**FILED**

**Feb 05 1997 8:00am  
Secretary of State**



**PROFIT CORPORATION ANNUAL REPORT 1997**

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: **1901 BRICKELL AVE #B-202 MIAMI FL 33129 US**  
Mailing Address: **1901 BRICKELL AVE B-202 MIAMI FL 33129-1724 US**

3. Date Incorporated or Qualified: **12/08/1977**  
3a. Date of Last Report: **03/12/1996**  
4. FEI Number: **59-1785691**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$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, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**VICIANA, ENRIQUE  
2600 DOUGLAS ROAD  
PENTHOUSE 8  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>QUINTERO, ANABELLA</b>
STREET ADDRESS	<b>1901 BRICKELL AVE, B-202</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>THERMIOTIS, ALEJANDRO</b>
STREET ADDRESS	<b>1901 BRICKELL AVE, B-202</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>ROTEL, NELSON</b>
STREET ADDRESS	<b>1901 BRICKELL AVE, B202</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>1865 Brickell Ave #209</b>
1.4 CITY - ST - ZIP	<b>MIAMI, FL 33129</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>1865 Brickell Ave #209</b>
2.4 CITY - ST - ZIP	<b>MIAMI, FL 33129</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>1865 Brickell Ave #209</b>
3.4 CITY - ST - ZIP	<b>MIAMI, FL 33129</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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	
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, unchanged, or on an attachment with an address

SIGNATURE: *Anabella Quintero* Secretary 1/30/97 (005) 258-2126  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)