

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 725936 (9)**

1. Corporation Name

**PANAM-NATIONAL RETIREES ASSOC. INC.**



Principal Place of Business

8220 SW 93RD ST  
MIAMI FL 33156  
US

Mailing Address

P.O. BOX 523947  
MIAMI FL 33152  
US

3. Date Incorporated or Qualified  
**03/28/1973**

3a. Date of Last Report  
**04/03/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAWKINS, HOWARD H**  
**8220 SW 93RD ST**  
**MIAMI FL 33156**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating.)

DATE:

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V  
**WISNIEWSKI, EDWARD**  
**5414 VENETIA COURT #C**  
**BOYNTON BEACH FL 33437-2113**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P  
**HAWKINS, HOWARD H**  
**8220 SW 93RD CT**  
**MIAMI FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T  
**HENNESSY, JOHN E.**  
**1201 NE 147TH ST.**  
**MIAMI FL**

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S  
**HOFFMAN, JEAN**  
**16961 SW 149TH AVE**  
**MIAMI FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
**DENUNCIO, LILLIAN**  
**5770 SW 13TH TERR**  
**MIAMI FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
**SIDDALL, BILLIE**  
**4798 SW 2ND ST**  
**MIAMI FL**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**FLOYD, LOIS I.**  
**1095 DOVE AVE**  
**MIAMI SPRINGS, FL.**

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lois I. Floyd, Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/15/96*

Date

*305-888-8844*

Daytime Phone #

CR2E037 (12/95)