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Jan 15 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

8220 SW 93RD ST
MIAMI FL 33156
USP.O. BOX 523947
MIAMI FL 33152-3947
US3. Date Incorporated or Qualified
03/28/19733a. Date of Last Report
03/20/1996

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V
NAME WISNIEWSKI, EDWARD
STREET ADDRESS 5414 VENETIA COURT #C
CITY-ST-ZIP BOYNTON BEACH FL 33437-21131.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE P
NAME HAWKINS, HOWARD H
STREET ADDRESS 8220 SW 93RD CT
CITY-ST-ZIP MIAMI FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE T
NAME FLOYD, LOIS I
STREET ADDRESS 1095 DOVE AVE
CITY-ST-ZIP MIAMI FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE S
NAME HOFFMAN, JEAN
STREET ADDRESS 16961 SW 149TH AVE
CITY-ST-ZIP MIAMI FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D
NAME DENUNCIO, LILLIAN
STREET ADDRESS 5770 SW 13TH TERR
CITY-ST-ZIP MIAMI FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D
NAME SIDDALL, BILLIE
STREET ADDRESS 4798 SW 2ND ST
CITY-ST-ZIP MIAMI FL6.1 TITLE
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/97 (305) 888-8844

Date

Daytime Phone # 0030862

CR2E037 (9/96)