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NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 22 1998 8:00am
Secretary of State

DOCUMENT # 725936 (9)

1. Corporation Name

PANAM-NATIONAL RETIREES ASSOC. INC.

Principal Place of Business

Mailing Address

8220 SW 93RD ST
MIAMI FL 33156
US

P.O. BOX 523947
MIAMI FL 33152
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 V ☒ DELETE
NAME WISNIEWSKI, EDWARD
STREET ADDRESS 5414 VENETIA COURT #C
CITY-ST-ZIP BOYNTON BEACH FL 33437-2113

TITLE P ☐ DELETE
NAME HAWKINS, HOWARD H
STREET ADDRESS 8220 SW 93RD CT
CITY-ST-ZIP MIAMI FL

TITLE T ☐ DELETE
NAME FLOYD, LOIS I
STREET ADDRESS 1095 DOVE AVE
CITY-ST-ZIP MIAMI FL

TITLE S ☐ DELETE
NAME HOFFMAN, JEAN
STREET ADDRESS 16961 SW 149TH AVE
CITY-ST-ZIP MIAMI FL

TITLE D ☒ DELETE
NAME DENUNCIO, LILLIAN
STREET ADDRESS 5770 SW 13TH TERR
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE
NAME SIDDALL, BILLIE
STREET ADDRESS 4798 SW 2ND ST
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V ☐ Change ☒ Addition
1.2 NAME DENUNCIO, LILLIAN
1.3 STREET ADDRESS 5770 S.W. 13th Terrace
1.4 CITY-ST-ZIP MIAMI, FL: 33144-5706

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME MARKS, SHERRILL RIGOT
5.3 STREET ADDRESS 13930 N. W. 14 AVENUE
5.4 CITY-ST-ZIP MIAMI, FL. 33167-1201

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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:

Lois Floyd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/98 (305) 888-8844

CR2E037 (10/97)