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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725936

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/28/1973

4. FEI Number

59-1613868

Applied For

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

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 **D** ☐ Change ☒ Addition
1.2 NAME **MARKS, SHERRILL RIGOT**
1.3 STREET ADDRESS **13930 N. W. 14 AVENUE**
1.4 CITY-ST-ZIP **MIAMI, FL 33167-1201**

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 **V** ☒ Change ☐ Addition
5.2 NAME **DENUNCIO, LILLIAN**
5.3 STREET ADDRESS **5770 S. W. 13th TERRACE**
5.4 CITY-ST-ZIP **MIAMI, FL 33144-5706**

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, with all other like empowered.

SIGNATURE: *Lois Floyd* **LOIS FLOYD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99

Date

Daytime Phone #

CR2E037 (11/98)