APPRUVE!

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9800000064 1. Entity Name						TILLED DM	12: 12
PAN AMERICA GROUP, LTD.					02 MAR 27 PM 12: 12		
						SECRETARY OF STATE FALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address 2407 S. MIAMI AVENUE 2407 S. MIAMI AVENUE MIAMI FL 33129 MIAMI FL 33129					S. 28 %		
Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc					1		
					DUE BY MAY 1, 2002		
City & State		City & State	City & State		4. FEI Number	65-0804604	Applied For Not Applicable
Zip	Country Zip		Cour	S Certificate of Status Desired		\$8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent			7. Name and /	Address of New Registered	Agent
				Name: -			
FOX, SPENCER CHEN FOX				Street Address (P.O. Box Number is Not Acceptable)			
201 S. BISCAYNE BLVD., #850							
MIAMI FL 33131				City Zip Code			
8. The above	named entity submits this statement f	or the purpose of changing is	ts register	red office or registr	ered agent, or both	, in the State of Florida.	
SIGNATURE .	Simple state of the state of th	A and title if a will able		····		DATE	
9. Capital Contributions as Shown on record. \$1,000.00 10. Amount of Capital Contributions in FLORIDA to date.				butions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE			
as Shown	on record.	AUST BE REGIS	STERED AND A		OR FEE INFORMATION		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY							
12. GENERAL PARTNER INFORMATION DOCUMENT # P97000066662				T	ADDRESS CHANGES ONLY		
NAME	PAN AMERICA GROUP, INC.			ET ADDRESS			
STREET ADORESS CITY-ST-ZIP	2407 S. Miami avenue Miami Fl 33129		CITY	r-ST-ZIP			6
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DOCUMENT # NAME			STRI	EET ADDRESS			
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the					Pactice 440 07/0\f\	Florido Photos - 45 Abrillo	with the the information
14. I nereby o	certify that the information supplied wit	in this filling does not qualify f	or the exe	mibrioù statea in S	section 119.07(3)(1)	riorida Statutes, i furtner ce	sruly that the information

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE://

STAPLE CHECK HERE