FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # F28935

1. Corporation Name

(7)

PAN AMERICAN COPYING SUPPLY, INC.									
Principal Place o	of Business	Mailing Address				0 IKUD 11901 1019 0 10100 1	HER I MEIN MOUNT MEDIF		I BIBIL DIVII LUVI
3502-B NW 10TH AVE P. O. BOX 5151 BOX 5151 FT LAUDERDALE FL 333									
FT LAUDERDALE FL 33310 US					3. Date incorporated or Qualified				
2. Principal Place of Business N pcw RLIME6 2a. Mailing Address					4. FEI Number 59-2087450			Applied For	
Suite, Apt. #, etc. Suite, Apt. #, etc					5. Certificate		Not Applicable \$8.75 Additional		
22 KO City & State							Required		
	used Beach, FLA	City & State				ampaign Financing I Contribution			O May Be d to Fees
	3364 Country	Zip	Country	/		ration has liability to		under s	199.032,
24 }	9. Name and Address of Curren	29 t Registered Agent	30]		Florida Sta	d Address of New	es No Registered A	gent	
			81	Name					
ENDER,			82	Street Addr	ess (P.O. Box Nu	mber is Not Accept	able)		
3502 NW 10 AVENUE FT. LAUDERDALE FL 33310			83	21791	E N POWOLING ROAD				
			84	City (7.4.4	<u> </u>	85 Zii	p Code
11 Pursuant to	the provisions of Sections 607,0502	and 607 1508 Florida Stat	utes the above	I NOM I	HOMU BY	1AC14.	ГL	1 7	3069
12. TITLE NAME STREET ADDRESS	OFFICERS AND PD ENDER, REINA 2179-E N. POWERLINE RD. POMPANO BCH. FL			I ADDRESS		S/CHANGES TO O		DIRECTO Change	DRS IN 12
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certify that oath; that I	certify that the information supplied with information indicated an this annual am an officer or director of the corporations 12 or Block 12 or changed, or c	al report of supplemental a ration or the receiver or trus	nnual report is tr stee enfloowered	es not qualify for the and accura- to execute this	or the exemption ite and that my signs report as require	stated in Section 11 gnature shall have to od by Chapter 607,	i9.07(3)(k), Flori he same legal e Florida Statute: 	da Statut ffect as it s; and th	tes. I further f made under at my name
SIGNAT	URE: Y Llin		4			11	118191	6	
SIGNAT	SIGNATURE AND TYPED OF	PONTED NAME OF SIGNING OFF	ICER OF QIRECTOR			Date	/ \ Om	gime Phone	10013