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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

1996		S. C. Co	DIVISION OF CORPORATIONS						
DOCU 1. Corporation	MENT # F32	2643	(1)						
PAN	AMERICAN EQUITIES,	INC.							
Principal Place	e of Business		failing Address						
	AFTAF TAMAL PURAN AT			-		A SECURE WERE NAME AND DESIGNATION OF	aad iliti diffil	BIBIL EIBH	BLOTA BEBIL BEBIL 1881
35725 TANGLEWOOD DR. P.O. BOX 951928 LAKE MARY FL 32795-1921			201 SHADY OAKS CIRCLE P.O. BOX 951928 LAKE MARY FL 32795						
2 Principal P	lace of Business		U\$ 			 Date Incorporated or Qualified 04/20/1981 	,	te of Last 06/06/	•
21	idoe di Busiliuss	2a 26	Ra. Mailing Address			4. FEI Number		<u> </u>	Applied For
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			59-2134613			Not Applicable
22		27				5. Certificate of Status Desired			75 Additional
City & State 23	e	28	City & State			6. Election Campaign Financing		\$5.	e Required OO May Be
Zιρ	Country		Zip	Country		Trust Fund Contribution		Add	ded to Fees
24	25	29		30		8. This corporation has liability for Florida Statutes ✓ Yes	intangible t □No	ax under	s 199.032,
	9. Name and Address of C	urrent Regis	tered Agent		r	10. Name and Address of New R		Agent	
VEDGA	IRA, LUIS EDUARDO			81	Name				
201 SH	HADY OAKS CIRCLE			82	Street Add	ress (P.O. Box Number is Not Acceptab)	le)		-
LAKE MARY FL 32746			83				· 		
				65					
				84				85	Zip Code
11. Pursuant t	o the provisions of Sections 607.	0502 and 60	7.1508, Florida Statu	ites the above-r	named corpo	ration submits this statement for the purp	FL	_ i l	
familiar wit	th, and accept the obligations of,	Florida, Such Section 607 i	ichange was authori 0505, Flooda Statute	ized by the corp is.	oration's boa	ration submits this statement for the purp rcl of directors. I hereby accept the appo	vintment as	registere	ed agent. Lanı
SIGNATURE									
12.	Signature, based or protein name of registerer OFFICERS	S AND DIREC	pposition [6]	Olf Argusteed Ages	t sejent a cres pare		DATE		
Trité	DP		[] DELETE	13.	<u>r</u>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
NAME	VERGARA, LUIS E			1.2 NAME			L	Change	Addition
STREET ADDRESS	201 SHADY OAKS CIRC	LE .		13518161	ADORESS.				
CITY - ST - ZIP	LAKE MARY FL			1.4 CITY - S					
TITLE			DELETE	2) TITLE				Change	Addition
NAME				2.2 NAME			Ĺ		LJ Addition
STREET ADDRESS CITY - ST - Zip				2.3 STREET.	ADDRESS				
TIFLE	14.		[] DELLE	2 4 CITY - SI	- ZIP				
NAME			DELETE	3 1 THILE			C	Change	Addition
STREET ADDRESS				3.2 NAME					1
CITY - ST - ZIP	-			3.3 STREET 3.4 CITY - ST	I				
TITLE			DELETE	4 1 TrillE	, 7th			7 Ch	
NAME				4.2 NAME			Ĺ] Change	Addition
STREET ADDRESS				4.3 STREET A	DORESS				
DITY - ST - ZIP				4.4 CITY - ST	- ZIP				
TITLE			DELETE	5 FTIFLE] Change	☐ Addit₂on
STREET ADDRESS				5.2 NAME			-	•	_
DITY-ST-ZIP				5.3 STREET A					
ITLE			DELETE	5.4 CITY - S1	712				
lamé			Chant	6 1 TITLE] Change	nc-hbbA 🔲
TREET ADDRESS				6.2 NAME 6.3 STREET A	ningree				
·TY - S1 - ZIP				C 4 (1) T 11 - O 1	7.0				
4. I do hereby	certify that the information suppli	ed with this fil	ing is voluntarily fumi	shod and dose	cot published	+1			

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 1.19.07(3)(k). 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 appears in Block 12 or Block 13 if changed or on an absolute with an address.

GNATURE:

SIGNATURE SIGNATURE OF PRINT O NAME OF ADMING OFFICER OR DIRECTOR SIGNATURE: