Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90019 011 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **F32643**

1. Corporation Name

PAN AMERICAN EQUITIES, INC.

Principal Place	e of Business	Mailing Address			1 1001101 11111 11111 11111	• • • • • • • • • • • • • • • • • • • •		
35725 TANGLEWOOD DR. 201 SHADY OAKS CIRCLE								
P.O. BOX 951928 P.O. BOX 951928					. DO NOT WRI	TE IN THIS SE	PACE	
LAKE MARY FL 32795-1921 LAKE MARY FL 32795					Date Incorporated or Qualifed	12		
		US			04/20/1981			
2 Daire aire at D	Hann of Dunings	2a. Mailing Address			4. FEI Number		Apr	olied For
	lace of Business	26. Walling Address			59-2134613			Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.				\$8.75 A	
<del>-</del>	m, 610.	27	1		5. Certifcate of Status Desired		Fee Rec	_
City & State	е		City & State		6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added to	
Zip	Country	Zip	Country	_	8. This corporation owes the cur	rent year Intan	gible	
24	25	29	10		Personal Property Tax.			□No
	9. Name and Address of Currer		`		10. Name and Address of New	Registered Ag	ent	_
			81 Nar	ne M	1 1/2			
Vergara, Luis Eduardo				///O	ss (P.O. Box Number is Not Accept		<del>-</del>	
201 SHADY OAKS CIRCLE				75/	2 /202	11055	Circ	10
LAK	E MARY FL 32746		83		<del>- 11 - 91 19 -</del>			
						<del></del>		
			84 City	L	$M_{\sim}$	FL	85 Zip 9	746
11 Purcuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statutes	the above-nam	ned corpor	ration submits this statement for the	purpose of ch	anging its	registered
office or r	registered agent or both in the State.	of Florida. Such change was aut	honzed by the c	orporation	's board of directors. I hereby acce	pt the appointn	nent as reg	jistered (
agent. I a	im familiar with, and accept the obliga	itions of, Section 607.0505, Flore	ia Statutes.			7/9	0/00	,
SIGNATURE	Signature, typed or printed name of registered age	ot and title it and cable (NOTE: F	Registered Agent signat	ture required v	when reinstating)	DATE	777	<u> </u>
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12
TITLE	DP	# CELETE	1.1 TITLE				Change	Addition
NAME	VERGARA, LUIS E	\$ Ca.	1.2 NAME					NO
STREET ADDRESS			1.3 STREET ADOR	ESS				
	LAKE MARY FL		1.4 CITY-ST-ZIP					ſ
CITY-ST-ZIP TITLE	DANC MAINTE	☐ DELETE	2.1 TITLE				Change	Addition
NAME		_	2.2 NAME	- 1				ì
			2.3 STREET ADDR	FSS				
STREET ADDRESS	-	· -	2. 4 CiTY-ST-ZIP		~			Į
CITY-ST-ZIP		☐ DELETE	3.1 TITLE				Change	Addition
			3.2 NAME				-	
NAME			3.3 STREET ADDR	Ecc			•	
STREET ADDRESS	1		3.4. CITY-ST-ZIP		•			
CITY-ST-ZIP	<del> </del>	□ DELETE	4.1 TITLE	-+			Change	Addition
		<u></u>	4. 2 NAME			•		_
NAME			4.2 NAME:	E00				
STREET ADDRESS				E30				
CITY-ST-ZIP	<del></del>	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	$\dashv$			Change	Addition
TITLE		OELETE	5.2 NAME			,		_ "
NAME			5.3 STREET ADDR	ESS				
STREET ADDRESS	5		5.4 CITY-ST-ZIP					İ
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	-			Change	Addition
TITLE		☐ DELETE	6.2 NAME			,	Cricingo	
NAME			1	F00				
STREET ADDRESS			6.3 STREET ADDR	ESS		•		1

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 607. 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.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP