FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 25 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # F92000000234 (6)

1. Corporation Name
PAN AM INTERNATIONAL FLIGHT ADADEMY INC.

Principal Place of Business	Mailing Address
5000 NW 36TH STREET MIAMI FL 33122	P. O. BOX 590176 MIAMI FL 33159-3176

3. Date Incorporated or Qualified: 11/12/1992
3a. Date of Last Report: 02/15/1994

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

4. FEI Number: 65-0367984 ☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

SEYFFERT, A. W
5000 NW 36TH STREET
MIAMI FL 33122

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 607.0502 and 607.1508, 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 607.0505, 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 / **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

	12.	13.	
TITLE	P	1.1 TITLE	☑ Change ☐ Addition
NAME	SORS, PEDRO	1.2 NAME	
STREET ADDRESS	5000 NW 36TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33134	1.4 CITY-ST-ZIP	33122
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	REGER, ROBERT J	2.2 NAME	
STREET ADDRESS	C/O 40 WEST 57TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10019	2.4 CITY-ST-ZIP	
TITLE	VPS	3.1 TITLE	☑ Change ☐ Addition
NAME	SEYFFERT, A. WILLIAM	3.2 NAME	
STREET ADDRESS	5000 NW 36TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	33122
TITLE	CD	4.1 TITLE	☐ Change ☐ Addition
NAME	BALLVE, FERNANDO	4.2 NAME	
STREET ADDRESS	AVDA. DE EUROPA 24-20, PARQUE EMPRESARIAL	4.3 STREET ADDRESS	
CITY-ST-ZIP	MADRID, SPAIN	4.4 CITY-ST-ZIP	
TITLE	SVP	5.1 TITLE	☑ Change ☐ Addition
NAME	CUTRONE, VITO A	5.2 NAME	
STREET ADDRESS	5000 NW 36TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	33122
TITLE	VT	6.1 TITLE	☑ Change ☐ Addition
NAME	HARVEY, WILLIAM L	6.2 NAME	
STREET ADDRESS	5000 NW 36TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33134	6.4 CITY-ST-ZIP	33122

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 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.

SIGNATURE: William L Harvey — JAN 18, 1995 — 305 8746691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: WILLIAM L. HARVEY — Date — Daytime Phone #

0420708 FP