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# Feb 04 1997 8:00am
# Secretary of State

PROFIT CORPORATION ANNUAL REPORT

**1997**

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

DOCUMENT # **F92000000234 (6)**

1. Corporation Name
**PAN AM INTERNATIONAL FLIGHT ADADEMY INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 5000 NW 36TH STREET<br>MIAMI FL 33122 | PO BOX 660920<br>MIAMI SPRINGS FL 33266-0920<br>US |

3. Date Incorporated or Qualified: 11/12/1992
3a. Date of Last Report: 02/14/1996

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | P | ☐ DELETE | 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 | | 1.4 CITY-ST-ZIP | | |
| TITLE | VD | ☐ DELETE | 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 | ☐ DELETE | 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 | | |
| TITLE | CD | ☐ DELETE | 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 | ☐ DELETE | 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 | | |
| TITLE | VT | ☐ DELETE | 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 | | 6.4 CITY-ST-ZIP | | |

CR2E034 (9/96)

14. I do 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.

**SIGNATURE:** W L Harvey 1-29-97 305 874-6691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #