2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F93000001684 Mar 24, 2000 8:00 am 1. Entity Name **Secretary of State** PAN AMERICAN TRADING CO., INC. 03-24-2000 90121 046 ***150.00 Mailing Address Principal Place of Business 6161 BLUE LAGOON DRIVE 6161 BLUE LAGOON DRIVE STE. 250 MIAMI FL 33126-2046 **MIAMI FL 33126** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 13-2873716 Not Applicable Country **\$8.75** Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHWARZ, JR. C.A. Street Address (P.O. Box Number is Not Acceptable) 6161 BLUE LAGOON DRIVE SUITE #25D MIAMI FL 33126 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE ☐ Delete TITLE HICKEY, EDWARD NAME NAME STREET ADDRESS STREET ADDRESS 90 LAREDO AVE CITY-ST-ZIP CITY-ST-ZIP STATEN ISLAND NY □ Change ☐ Addition ☐ Delete TITLE BERGEN, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 905 CHARLOTTE RD CITY-ST-ZIP CITY-ST-ZIP PLAINFIELD NJ Change ☐ Addition - Delete TITLE TITI F -AHLSTROM, CARLOS A. NAME NAME STREET ADDRESS STREET ADDRESS 787 SUMMIT AVE. CITY-ST-ZIP CITY-ST-ZIP JERSEY CITY NJ ☐ Addition ☐ Change ☐ Delete TITLE TITLE MENENDEZ, CARLOS NAME NAME STREET ADDRESS 10 WEST 66TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10023** Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-2000

305-262-5560

Daytime Phone #