03-01-1999 90183 011 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	G29643
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1. Corporation PANTHE	··-···	5							
Principal Place	e of Business	Mailing Address				t INBANTA CIRTO IRMA DINT BIL	188 IVII AIAIV A188	1 81911 91911 911)) 4 (4() 1881
3152 NW 7TH ST 3152 NW 7TH ST MIAMI FL 33125 MIAMI FL 33125					DO NOT WRI	TE IN THIS S	PACE		
						3. Date Incorporated or Qualifed 03/04/1983		, ,	
2. Principal Pl	ace of Business	2a. Mailing Address				4: FEI Number		, ,	lied For
21		26				59-2268069		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 Ad Fee Req	
City & State	9	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 N Added to	
Zip	Country	Zip	Cou	untry		8; This corporation owes the curre	ent year Intan	gible	
24	25	29 30	0			Personal Property Tax.			□No
=-1,	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New R	Registered Aç	gent	,
SANCHEZ, LUISA 6436 SW 10TH ST MIAMI FL 33144			81 82 83	Street Ac	DBERTO P. SILVA Idress (P.O. Box Number is Not Accepta 128 W. DR 507	ible)			
				84	City M		FL	85 Zip Ci 331	
11. Pursuant office or reagent. I as	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida Statutes e of Florida. Such change was auth ations of, Section 607.0505, Florid	the a porized a`Stat	bove d by f utes.	i-named.co	rporation submits this statement for the stion's board of directors. I hereby accept	purpose of ch of the appoint	nanging its r ment as reg	egistered istered
SIGNATURE	. .					uired when reinstating)	DATE		,
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	
TITLE	PD	☐ DELETE	1.1 T	TLE		PVD	Į	X Change	☐ Addition
NAME	SILVA, ROBERTO P.		1.2 N	AME		SILVA ROBERTO P.			ļ
STREET ADDRESS	7928 W. DR. PH 8		1.3 S	TREET	ADDRESS	7928 W DR. 507	•		ļ
CITY-ST-ZIP	MIAM! FL		1.4 C	ITY-ST	-ZIP	MIAMI, FL <u>33141</u>			
TITLE	VD	₩ DELETE	2.1 T	TLE		-	[Change	☐ Addition
NAMÉ	SILVA, ROBERTO M		2.2 N	AME					
STREET ADDRESS	780 NE 69TH ST		2.3 \$	TREET	ADDRESS				Ì
CITY-ST-ZIP	MIAMI FL		2.40	CITY-SI	T-ZIP				
TITLE	SD	⊠ DELETE	3.1 TITLE			· · · · · · · · · · · · · · · · · · ·	[Change	Addition
NAME	SANCHEZ, LUISA		3.2 N	AME					
STREET ADDRESS	6436 SW 10TH ST		3.3 \$	TREET	ADDRESS				}
CITY-ST-ZIP	MIAMI FL			CITY-S	- 1				
TITLE	***************************************	☐ DELETE	4.1 T					Change	Addition
NAME			4.21	NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				iTY-ST					
TITI E	<u> </u>		51 T		 -			Change	Addition

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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

□ DELETE

305-541-7468

Change

Addition