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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # G74676

1. Corporation Name
PANOR, INC.

Principal Place of Business
 8007 NW 29TH ST
 MIAMI FL 33122
 US

Mailing Address
 8007 NW 29TH ST
 MIAMI FL 33122
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/28/1983		4. FEI Number 59-2339567		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
City & State 23	City & State 28	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Zip 24	Country 25	Zip 29	Country 30	

9. Name and Address of Current Registered Agent BUDNICK, MYRON H 16505 NE 26TH AVE STE 252 MIAMI FL 33160		10. Name and Address of New Registered Agent	
		81 Name ANDRES GUTIERREZ	
		82 Street Address (P.O. Box Number is Not Acceptable) 8007 N.W. 29 ST	
		83	
		84 City MIAMI	85 Zip Code FL 33122

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]* (NOTE: Registered Agent signature required when retreating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	PT	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PTS
NAME GUTIERREZ, ANDRES		1.2 NAME GUTIERREZ ANDRES	
STREET ADDRESS 1300 SW 92 AVE. #B303		1.3 STREET ADDRESS 10047 S.W. 125 ST	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP MIA FL 33176	
TITLE <input checked="" type="checkbox"/> DELETE	TS	2.1 TITLE	
NAME BUDNICK, MYRON H		2.2 NAME	
STREET ADDRESS 8370 W FLAGLER ST		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]* **President** 3/16/99 (305)477-7534

CR2E034 (11/98)