

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # J70995

1. Corporation Name
MINERIA PAN-AMERICANA, INC.

Principal Place of Business

~~9500 S. DADELAND BLVD.~~
550- **4913 SW 75 Avenue**
MIAMI FL ~~33155~~ **33155-4440**
US

Mailing Address

~~9500 S. DADELAND BLVD.~~
550- **4913 SW 75 Avenue**
MIAMI FL ~~33155~~ **33155-4440**
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1987

2. Principal Place of Business

21 **4913 SW 75 Avenue**
Suite, Apt. #, etc.

2a. Mailing Address

26 **4913 SW 75 Avenue**
Suite, Apt. #, etc.

4. FEI Number

59-2846426

Applied For

Not Applicable

22

City & State
Miami - Florida

27

City & State
Miami - Florida

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 Zip Country
33155-4440 USA

28 Zip Country
33155-4440 USA

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

24

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SUAO, LUIS
~~9500 S. DADELAND BLVD.~~ **4913 SW 75 Avenue**
~~SUITE 550~~
MIAMI FL ~~33155~~ **33155-4440**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4913 SW 75 Avenue

83

84 City
Miami

FL 85 Zip Code
33155

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

TITLE **D** ☐ DELETE
NAME **SUAO, LUIS** **4913 SW 75 Avenue**
STREET ADDRESS **9500 S. DADELAND BLVD., SUITE 550**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **SUAO, ADRIANA** **4913 SW 75 Avenue**
STREET ADDRESS **9500 S. DADELAND BLVD., SUITE 550**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **4913 SW 75 Avenue**
1.4 CITY-ST-ZIP **Miami, Florida 33155-4440**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **4913 SW 75 Avenue**
2.4 CITY-ST-ZIP **Miami, Florida 33155-4440**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99 (305)668-4999
Date Daytime Phone #

CR2E034 (11/98)

0228066