2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K63216

1. Entity Name
PAN AMERICAN GROUP, INC.



Principal Place of Business

2100 PONCE DE LEON BLVD SUITE 200 CORAL GABLES, FL 33134 Mailing Address

2199 PONCE DE LEON BLVD SUITE 200 CORAL GABLES, FL 33134 04 APR 26 AM II: 16
TALLAHASSEE, FLORIDA



DO NOT	WRITE	IN THIS	SPACE
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02172004 No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0101318

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY SUITE 200 MIAMI, FL 33145

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or pAnted named Tegistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

ON Election Correction Signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS TITLE PD NAME LOPEZ-CANTERA, CARLOS C STREET ADDRESS 2199 PONCE DE LEON BLVD, SUITE 200 CITY-ST-ZIP CORAL GABLES, FL 33134 SV TITLE LOPEZ-CANTERA, AMADA NAME STREET ADDRESS 2300 CORAL WAY SUITE 200 CITY-ST-ZIP MIAMI, FL 33145 D۷ TITLE LOPEZ-CANTERA, MARTA L NAME STREET ADDRESS 2199 PONCE DE LEON BLVD. SUITE 200 CITY-ST-ZIP CORAL GABLES, FL 33134 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

500034144756 04/27/04--01078--016 **150.00

DO NOT WRITE IN THIS SPACE

12. 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 it give 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 of the receiver of tripsee empty end to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with the life empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CARLOS LOPEZ CANTERA