

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K91513** (7)

1. Corporation Name:

PAN AMERICAN FINANCIAL SERVICES, INC.



Principal Place of Business:

**2333 PONCE DE LEON BLVD
650-H
CORAL GABLES FL 33134
US**

Mailing Address:

**2333 PONCE DE LEON BLVD
650-H
CORAL GABLES FL 33134
US**

2. Principal Place of Business:

2a. Mailing Address:

21	Subs., Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	City & State
24	Country	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent

**ZAMORANO, HUGO
2333 PONCE DE LEON BLVD.
SUITE 650-H
CORAL GABLES FL 33134**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.04(2) and 607.15(4), 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, thereby accepting the appointment as registered agent, I am, for and with, and accept the obligations of, Section 607.04(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

Signature

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ZAMORANO, HUGO	
STREET ADDRESS	2333 PONCE DE LEON BLVD, SUITE 650-H	
CITY-STATE-ZIP	CORAL GABLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	☐ Change ☐ Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(g), 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 removal or termination of such officer or director is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an affidavit with an affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K-11-96

205-AGC-#700

CR2E034 (12/95)