

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Feb 07 1996 8:00 am  
Secretary of State

DOCUMENT # L02805 (4)

1. Corporation Name

PAN AMERICAN ENTERTAINMENT SYSTEMS, INC.

Principal Place of Business

C/O BUDDY J. LEVY  
7439 E. HILLSBOROUGH AVE.  
TAMPA FL 33610

Mailing Address

C/O BUDDY J. LEVY  
7439 E. HILLSBOROUGH AVE.  
TAMPA FL 33610

3. Date Incorporated or Qualified  
07/18/1989

3a. Date of Last Report  
03/08/1995

4. FEI Number

59-3050027

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVY, BUDDY J.  
7439 E. HILLSBOROUGH AVE.  
TAMPA FL 33610

81 Name

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

83

84 City

FL

85 Zip Code

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  
NAME CLARE, JIM R.  
STREET ADDRESS 7439 E. HILLSBOROUGH AVE  
CITY- ST- ZIP TAMPA FL ☐ DELETE

TITLE D  
NAME VALVERDE, DON  
STREET ADDRESS 7439 E. HILLSBOROUGH AVE  
CITY- ST- ZIP TAMPA FL ☐ DELETE

TITLE D  
NAME ESTRADA, ALFRED  
STREET ADDRESS 7439 E. HILLSBOROUGH AVE  
CITY- ST- ZIP TAMPA FL ☐ DELETE

TITLE D  
NAME LEVY, BUDDY J.  
STREET ADDRESS 7439 E. HILLSBOROUGH AVE  
CITY- ST- ZIP TAMPA FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ DELETE

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(3)(k), 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.

SIGNATURE:

BUDDY J. LEVY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96

(813) 623-3543

Date

Daytime Phone #

CR2E034 (12/95)