		May 1, 19 00.00 LATE		Liability Com	pany will be	•		
LIMITED LIABILITY COMPANY ANNUAL REPORT 1998 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS						SECRETARY OF STATE OIVISION OF CORPORATIONS 98 JUN - 1 PM 3: 18		
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address DOCUMENT #							50 00	
PANLAND, L.C. 2330 NW 102 AVENUE, SUITE 1 MIAMI FL 33172						1a. Principal Place of Business Address 1001 S BAYSHORE DR SUITE 241 MIAMI FL 33131		
2. Principal Place of Business 2a. Maili				ng Address		3. Date Organized or Qualified		3a. State of Formation
Suite, Apt. #, etc. Suite, A			it. #, etc.		08/03/1 4. FEI Number	995	F'L Applied For	
City & State City & St			310		65-0612899		Not Applicable	
Z ip Country Zip			Country		5. Date of Last Report		6. Certificate of Status Desired	
	County			,		11/10/1997		S8 75 Additional Fee Required
	7. Name	and Address of	Current Registered	Agent	8.			tered Agent/Office
CASTRO, CARLOS A 1001 S BAYSHORE DR SUITE 2410					Name Street Address (P.O. Box Number is Not Acceptable)			
	S BAYS		SUITE 24.	10	Sulte, Apt. #, etc.			
					City FL Zip Code			
its register	red office or regi	ions of Sections (istered agent, or b accept the obliga	oth, in the State of Flor	Florida Statutes, the a ida. Such change was a	bove-named limited uthorized by affirma	l liability company se tive vote of a majorit	ubmits this state y of the member	ement for the purpole of changing s. I hereby accept the appointment
SIGNATU	IRE	(Benistered Aren)	Acceptan Appointment (N	OTF Registered Agent signatur	o required when reinstaling	[DATE	
10. Title	Managing Members/Managers		Business Street Address			City, State and Zip Code		
MGRM	BETANCOURT, GUILLERMO 821			8216 SW 8	3216 SW 81 TERR		MIAMI FL	
MGRM	SOLER, JUAN A			867 GARNET CIRCLE			FT LAUDERDALE FL	
MGRM CASTRO, CARLOS A				1001 S BAYSHORE DR SUITE			MIAMI	FL
						90	0002 -06/02 ****1	5450594 279801092005 88,75: ****188,75

11. Ido hereby certify that the information supplied with his 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the imited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURI AND TYPINTED MAME OF SIGNING MANAGING MEMBER OF MANAGER

Date

Date

Date

Date

Despire Microric K