


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 99 APR 15 PM 4: 14 SECRETARY OF STATE TALLAHASSEE, FLORIDA
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		
1. Name and Mailing Address of Limited Liability Company PANAFAST, L.C. 1588 NW 159TH ST MIAMI FL 33169-5635		DOCUMENT # L97000000402		
2 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 04/09/1997
				3a. State of Formation FL
				4. FET Number 06-1486214 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				5. Date of Last Report 04/24/1998
				6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent MARTINEZ, CARLOS 1588 NW 159TH ST MIAMI FL 33169		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, etc City Zip Code FL		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.				
SIGNATURE _____				DATE _____
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	
MGR	HIRSCH, DAVID M	P.O. BOX 879	PAWTUCKET RI	
MGR	MARTINEZ, CARLOS E	407 PARK AVENUE SOUTH SUITE 721 CATALONIA AVE	NEW YORK NY. CORAL GABLES FL	
52 4-19-99				
11 I do 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 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 limited 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: _____		(3076259595)		