## **FILED** Apr 14, 2003 8:00 am Secretary of State

2003	<b>FOR</b>	<b>PROFIT</b>	CORPORA	TION
UNIFO	RM B	USINESS	REPORT	(UBR)

M01363 DOCUMENT # 04-14-2003 90416 047 \*\*\*158.75 PANROTAS INTERNATIONAL, INC. 10000 N.W. 9Th STree. Mailing Address 🕊 Principal Place of Business % CORPORATION COMPANY OF MIAMI 201-9. BISCAYNE BLVD. Unit # 21 1500 EDWARD BALL BLDG, 100 CHOPIN PLAZA 4600 MIAMIT CENTER So. BISCAYAC Blod. MIAMI FL 33131 MIGNI, FL. 33172 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 59-2426734 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION COMPANY OF MIAMI Street Address (P.O. Box Number is Not Acceptable) 201 S. BISCAYNE BLVD. 1600 MIAMI CENTER ( JDW) **MIAMI FL 33131** City Zip Code 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. SIGNATUŖE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE Delete TITLE ☐ Change ALCORTA, JOSE G.C. NAME NAME 1111 CRANDON BLVD STREET ADDRESS STREET ADDRESS KEY BISCAYNE FL CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME ALCORTA, JOSE G.C. NAME STREET ADDRESS STREET ADDRESS 1111 CRANDON BLVD CITY-ST-ZIP CITY-ST-ZIP KEY BISCAYNE FL TITLE D ☐ Delete TITLE Change Addition NAME DAMIANY-CHALVIRE, HELENE NAME STREET ADDRESS 1111 CRANDON BLVD. STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP