

4-10-97 B 4388 C  
**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

PROFIT CORPORATION ANNUAL REPORT **1997**



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

**DOCUMENT # M04493 (6)**

1. Corporation Name  
**PAN-ATLANTIC EXPORT & IMPORT, INC.**



Principal Place of Business: **7226 NW 31ST STREET MIAMI FL 33122**

Mailing Address: **7226 NW 31ST STREET MIAMI FL 33122-1216**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/28/1984</b>	3a. Date of Last Report <b>03/22/1996</b>
21. 7252 NW 31 St	26. 7252 NW 31 St	4. FEI Number <b>59-2440950</b>		Applied For Not Applicable	
22. MIAMI, FL	27. MIAMI, FL	5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. 33122 Dade	28. 33122 Dade	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. 33122	25. Dade	29. 33122		30. Dade	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**VEGA, MANUEL A.**  
**8717 SW 127 PLACE**  
**MIAMI FL 33186**

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		DELETE
TITLE	<b>PST</b>	<input type="checkbox"/>
NAME	<b>VEGA, BENIGNO A.</b>	
STREET ADDRESS	<b>7421 SW 139 LANE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VS</b>	<input type="checkbox"/>
NAME	<b>VEGA, MANUEL A.</b>	
STREET ADDRESS	<b>8717 SW 127 PLACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33183</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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.

3/11/97

CR2E034 (9/96)