FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION



FLORIDA DEPARTMENT OF STATE

Feb 18 1998 8:00am Sacratory of State

FILED

POCUMENT # M91442 (7)	
PANDA ENTERPRISES, INC.	
Principal Place of Business Mailing Address	
2731 NE 14ST CSNY 2731 NE 14TH CSNY	
STE 536B STE 536B POMPANO BCH, FL 33062 POMPANO BCH, FL 33062	DO NOT WRITE IN THIS SPACE
US US	3. Date Incorporated or Qualified 07/28/1988
Principal Place of Business 2a. Mailing Address	4, FEI Number Applied For
26	59-2900078 Not Applicable \$8.75 Additional
27	5. Certificate of Status Desired Fee Required
City & State City & State 28	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country Zip Country	8. This corporation owes or has paid the current year Intangible
24 25 29 30 30 30 S. Name and Address of Current Registered Agent	Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent
PAUL, RAYMOND 81 Name	
2731 NE 14ST CSWY SUITE 536-B B2 Street Ac	ddress (P.O. Box Number is Not Acceptable)
POMPANO BEACH FL 33062	
B4 City	FL 85 Zip Code
 Pursuant to the provisions of Sections 607.05.02 and 607.15.08. Florida Statutes, the above-named coffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporagent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 	corporation submits this statement for the purpose of changing its registered organical program of directors. I hereby accept the appointment as registered
•	
SIGNATURE Signature, typed or protect raws in the gestioned agent and title if applicable (NOTE Registered Agent signature re	equired when reinstating) DATE
12. OFFICERS AND DIRECTORS 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE P L.1 DELETE 1.1 TITLE NAME RAYMOND, PAUL 12 NAME	Cuange C vocation
STREET ADDRESS 2731 N.E. 14 ST. CSWY 1.3 STREET ADDRESS	
CITY-ST-ZIP POMPANO BEACH FL 14 CITY-ST-ZIP	
TITLE DELETE 2.1 TITLE	Change Addition
NAME 2.2 NAME	
STREET ADDRESS 23 STREET ADDRESS	1. Na
CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 31 TITLE	Change Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 34. CITY-ST-ZIP	
THLE DELETE 4.1 TITLE	☐ Change ☐ Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS CITY - S1 - ZIP 4.4 CITY - ST - ZIP	
TITLE DELETE 5.1 TITLE	☐ Change ☐ Addition
NAME 52 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE	☐ Change ☐ Addition
NAME 62 NAME	
STREET ADDRESS 63 STREET ADDRESS	}
CITY-ST-ZIP 14. I heroby certify that the information supplied with this filing does not qualify for the examption stated indicated on this annual report or supplemental annual report is true and accurate and that my sign	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information

officer or director of the conjunction or the needed or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Blo

SIGNATURE:

185-3848