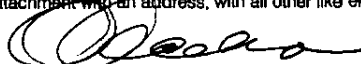


# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90180 025 \*\*\*\*70.00

<b>DOCUMENT # N37751</b> 1. Entity Name <p style="text-align: center;">PAN AMERICAN ROUND TABLE OF MIAMI, INC.</p>						DO NOT WRITE IN THIS SPACE	
Principal Place of Business 9475 S.W. 154th Ct. Miami, Fl. 33196			Mailing Address 8475 S.W. 2nd Street Miami, Fl. 33144				
2. Principal Place of Business 9475 SW 154th Court Suite, Apt. #, etc.			3. Mailing Address 8475 SW 2nd Street Suite, Apt. #, etc.				
City & State Miami, Florida			City & State Miami, Florida				
Zip 33196		Country USA		Zip 33144		Country USA	
4. FEI Number 65-0247411				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent OMNIS BASTOS-ACEBO 8475 S.W. 2nd Street Miami, Florida 33144				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>			
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.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW</b> <b>FEE IS \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees		Make Check Payable to Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE P/D NAME Angela Harper <input type="checkbox"/> Delete STREET ADDRESS 9475 SW 154th Ct. CITY-ST-ZIP Miami, Fl. 33196				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE V/D NAME Marina Sandoval <input type="checkbox"/> Delete STREET ADDRESS 1775 Wasington Ave. #5-A CITY-ST-ZIP Miami Beach, Fl. 33139				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE T/D NAME Omnis Bastos-Acebo <input type="checkbox"/> Delete STREET ADDRESS 8475 SW 2nd Street CITY-ST-ZIP Miami, Fl 33144				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE S/D NAME Xiomara Tamargo <input type="checkbox"/> Delete STREET ADDRESS 4273 SW 161 Place CITY-ST-ZIP Miami, Florida 33185				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				10-27-01 (305) 223-2264			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			

CR2E037 (11/00)