


**2004 ~~NOT~~-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N37751 1. Entity Name PAN AMERICAN ROUND TABLE OF MIAMI, INC.	
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Principal Place of Business 10622 SW 21 LANE MIAMI, FL 33165 US	Mailing Address 8475 SW 2ND STREET MIAMI, FL 33144 US
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DO NOT WRITE IN THIS SPACE



01222004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0247411	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BASTOS-ACEBO, OMNIS 8475 SW 2ND STREET MIAMI, FL 33144
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**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTES, YELBA 10622 SW 21 LANE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BASTOS-ACEBO, OMNIS 8475 S.W. 2ND STREET MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JIMENEZ, THELVA 1601 SW 126 PLACE MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD URRACA, GLADYS 16830 SW 92 AVE. MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000025395
02/02/04-80104-008 61.25

**DO NOT WRITE
IN THIS SPACE**

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 1-28-04 (SOT) 223-2264 <small>Daytime Phone #</small>
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