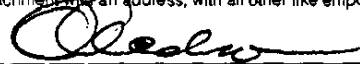


FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90142 024 ****70.00

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N37751					
1. Entity Name PAN AMERICAN ROUND TABLE OF MIAMI, INC.					
Principal Place of Business 9475 SW 154TH COURT MIAMI, FL 33196 US			Mailing Address 8475 SW 2ND STREET MIAMI, FL 33144 US		
2. Principal Place of Business 10622 S.W. 21 Lane			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Miami, Florida			City & State		
Zip 33165		Country Miami-Dade	Zip		Country
6. Name and Address of Current Registered Agent BASTOS-ACEBO, OMNIS 8475 SW 2ND STREET MIAMI, FL 33144			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE _____					
FILE NOW. FEE IS \$81.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARPER, ANGELA 9475 SW 154 CT MIAMI, FL 33196	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTES, Yelba 10622 S.W. 21 Lane Miami, Florida 33165	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BASTOS-ACEBO, OMNIS 8475 S.W. 2ND STREET MIAMI, FL 33144	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANDOVAL, MARINA 1775 WASHINGTON AVE. 5-A MIAMI BEACH, FL 33139	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JIMENEZ, Thelva 1601 S.W. 126 Place Miami, Florida 33175	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAJINA, LUISA E 15630 S.W. 145TH CT MIAMI, FL 33177	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD URRACA, Gladys 16830 S.W. 92 Avenue Miami, Florida 33157	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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)(l), 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:  OMNIS B. ACEBO (305) 223-2264 5-15-2003					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E037 (10/02)