

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N38363 (0)**

1. Corporation Name

**PAN AMERICAN SOCIETY OF ARTISTS INC.**



Principal Place of Business

Mailing Address

% LUZ MORALES  
5225 LA GORCE DR  
MIAMI BEACH FL 33140

% LUZ MORALES  
5225 LA GORCE DR  
MIAMI BEACH FL 33140

3. Date Incorporated or Qualified  
**05/29/1990**

3a. Date of Last Report  
**04/25/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

**65-0245350**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution



**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORALES, LUZ  
5225 LA GORCE DR  
MIAMI BEACH FL 33140-9105**

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE PD  
NAME MORALES, LUZ  
STREET ADDRESS 5225 LA GORCE DR  
CITY-ST-ZIP MIAMI BEACH FL ☐ DELETE

TITLE ST  
NAME LEVEN, MARION  
STREET ADDRESS 1520 W. 22 ST., #2 SUNSET  
CITY-ST-ZIP MIAMI BEACH FL ☐ DELETE

TITLE VP  
NAME SCHLIKE, DIANNE  
STREET ADDRESS 6200 N.W. 2ND AVENUE, APT. 118  
CITY-ST-ZIP BOCA RATON FL ☒ DELETE

TITLE T  
NAME MARTIN, SYD  
STREET ADDRESS 3675 N. COUNTRY CLUB DRIVE  
CITY-ST-ZIP AVENTURA FL ☐ DELETE

TITLE T  
NAME SIMUNECK, LINDA  
STREET ADDRESS 830 N.E. 205 ST.  
CITY-ST-ZIP N.M.B. FL ☐ DELETE

TITLE T  
NAME CIOCON, JERRY  
STREET ADDRESS 7360 S.W. 121 STREET  
CITY-ST-ZIP MIAMI FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE Vice President  
3.2 NAME Larry Morris  
3.3 STREET ADDRESS 4614 N. University Dr.  
3.4 CITY-ST-ZIP Lauderhill, FL 33351 ☒ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 3, 1996 305-865-4566

Day

Daytime Phone #

CR2E037 (12/95)