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Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

% LUZ MORALES  
5225 LA GORCE DR  
MIAMI BEACH FL 33140

Mailing Address

% LUZ MORALES  
5225 LA GORCE DR  
MIAMI BEACH FL 33140-2105



3. Date Incorporated or Qualified 05/29/1990  
3a. Date of Last Report 04/12/1996

2. Principal Place of Business

21 5225 LA GORCE DR.

2a. Mailing Address

26 5225 LA GORCE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI BEACH

City & State

28 MIAMI BEACH

Zip

24 33140

Country

25 FLORIDA

Zip

29 33140

Country

30 FLORIDA

9. Name and Address of Current Registered Agent

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

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

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT/DIRECTOR
NAME	MORALES, LUZ	1.2 NAME	
STREET ADDRESS	5225 LA GORCE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	
NAME	LEVIEN, MARION	2.2 NAME	
STREET ADDRESS	1520 W. 22 ST., #2 SUNSET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	VP
NAME	MORRIS, LARRY	3.2 NAME	RICHARD HANAMAN
STREET ADDRESS	4614 N UNIVERSITY DR	3.3 STREET ADDRESS	803 BLACK DUCK DR.
CITY-ST-ZIP	LAUDERHILL FL	3.4 CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	T	4.1 TITLE	
NAME	MARTIN, SYD	4.2 NAME	
STREET ADDRESS	3675 N. COUNTRY CLUB DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	SIMUNECK, LINDA	5.2 NAME	
STREET ADDRESS	830 N.E. 205 ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	N.M.B. FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	
NAME	CIOCON, JERRY	6.2 NAME	
STREET ADDRESS	7360 S.W. 121 STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I do 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 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: Luz Morales LUZ MORALES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: MARCH 20, 1997  
Daytime Phone: 0029594

CR2E037 (9/96)