FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38363

1. Corporation Name

PAN AMERICAN SOCIETY OF ARTISTS INC.

Principal Place of Business
990 WENDAM CT PORT ORANGE FL 32127
HS

2. Principal Place of Business

Mailing Address

2a. Mailing Address

1648 TAYLOR ROAD #343 DAYTONA BEACH FL 32124 US

FILED Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90287 007 ****61.25

* 4 23376 - 90287 - 7 6 *



3. Date Incorporated or Qualifed

21		26			05/29/1990			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number		App	ied For
27		27			65-0245350			Applicable
City & State City & State				5. Certifca:e of Status Desired			\$8.75 Ac	
28 28				Fee		Fee Req		
Zip	Country				6. Election Campaign Financing		\$5.00 N	·
24	25 29 30				Trust Fund Contribution	Panistara A	Added to	rees
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New F	tegistered A	gent	
			"	Name				
LANDAU, MAX 990 WENDAM CT PORT ORANGE FL 32127				Street Addr	ress (P.O. Box Number is Not Accepta	able)		
			84	City		F⊩	85 Zip C	de
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the at					tion submits this statement for the		anging its t	nistered
office or r	egistered agent, or hoto, in the State.	of Florida. Such change was auth	nonzed by	e-nameo corp the corperation	on's board of directors. I hereby acce	pt the appoint	prient as regi	stered
agent. I a	m familiar with, and accept the obliga	tions of Section 617,0503, Figure	a Statutes			4/28/	:0	1
SIGNATURE	MAX LANDA	o Ma	11/	an	-	DATE	<i>I</i>	(
12.	Signature, typed or printed narie of registered ager	ID DIRECTORS (NOTE: Re	gistered agen	i signature require	ADDITIC NS/CHANGES TO OF	7 57,4	DIRECTOR	S IN 12
TITLE	PDT	DELETE	1.1 TITLE				Change	Addition
NAME	· ·		1.2 NAME					
	LANDAU, MAX 990 WENDAM CT		1.3 STREET	ADDRESS				1
STREET ADDRESS			1.4 CITY-S1	1				
CITY-ST-ZIP	PORT ORANGE FL 32127	DELETE	2.1 TITLE	1-211			Change	Addition
TITLE NAME	V/D		2.2 NAME				-	
	WATSON, JOHN		2.3 STREET	ADDRESS				İ
STREET ADDRE 3S			2.4 CITY-S					
CITY-ST-ZIP	DAYTONA BEACH FL 32118	☐ DELETE	3.1 TITLE	1-ZIP			Change	Addition
	D DIANE		3.2 NAME				_	_
NAME	LANDAU, DIANE		3.3 STREET	Anness				Í
STREET ADORESS			3.4. CITY-S	ļ				Ì
CITY-ST-ZIP TITLE	PORT ORANGE FL 32127	☐ DELETE	4.1 TITLE	1-21			Change	Addition
NAME	D Watson, Pamela S	<u></u>	4.2 NAME				-	j
STREET ADDRESS			4.3 STREET	ADDRESS				
-	DAYTONA BEACH FL 32118		4.4 CITY-S	ļ				ļ
CITY-ST-ZIP TITLE	DATIONA DEACH IL 32110	☐ DELETE	5.1 TITLE	· - "		-	Change	☐ Addition
NAME		_	5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				{
_			5.4 CITY-S	Į.				
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	6.1 TITLE				Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS	}		6.3 STREET	ADDRESS				1
GIRCEI ALVIRE 33			6.4 CITY-S					

I herety 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, with all other like empowered.

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98