FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

[illegible] 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N38464** **(6)**

1. Corporation Name

PANAMANIAN AMERICAN ASSOCIATION OF FLORIDA INC.

Principal Place of Business	Mailing Address
P.O. BOX 141173 CORAL GABLES FL 33114-1173	P.O. BOX 141173 CORAL GABLES FL 33114-1173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/05/1990**
3a. Date of Last Report: **06/07/1994**
4. FEI Number: **65-0200522** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MUSSA, RICARDO A.
15490 S2 57TH ST.
MIAMI FL 33193

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ [illegible] _____ [illegible] _____ DATE
Signature, typed or printed name of registered agent, and title if applicable — (FOR Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	V	☐ Change ☒ Addition
NAME	JACOBS, MARVA	12 NAME	SPOONER, AMELIA	
STREET ADDRESS	3018 NW 204TH TERR.	13 STREET ADDRESS	19823 SW 118 AVE.	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	Miami, FL 33156	
TITLE	PD	21 TITLE	T	☐ Change ☒ Addition
NAME	DRAYTON, ROLAND	22 NAME	ELLIS, MARIO	
STREET ADDRESS	1906 N. 45 AVE.	23 STREET ADDRESS	19235 NW 17 AVE	
CITY ST ZIP	HOLLYWOOD FL 33056	24 CITY ST ZIP	MIAMI, FL 33056	
TITLE	SD	31 TITLE	S	☐ Change ☒ Addition
NAME	DRAYTON, DIANA	32 NAME	RAMSAY, LINA	
STREET ADDRESS	1906 N. 45 AVE.	33 STREET ADDRESS	17994 NW 60TH. PLACE	
CITY ST ZIP	HOLLYWOOD FL 33056	34 CITY ST ZIP	MIAMI, FL 33015	
TITLE	TD	41 TITLE	PD	☒ Change ☐ Addition
NAME	MUSSA, RICARDO	42 NAME		
STREET ADDRESS	15490 SW 57TH ST	43 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP		
TITLE	VD	51 TITLE	D	☐ Change ☒ Addition
NAME	PETERSON, FELICIA	52 NAME	ENGLISH, LORETTA	
STREET ADDRESS	614 N.W. 179TH ST.	53 STREET ADDRESS	3420 NW 80 TERRACE	
CITY ST ZIP	MIAMI FL 33169	54 CITY ST ZIP	miami, FL 33056	
TITLE	D	61 TITLE	D	☐ Change ☒ Addition
NAME	ST. MACARY, IDALIA	62 NAME	MUSSA, INES	
STREET ADDRESS	19300 N.W. 23RD AVE.	63 STREET ADDRESS	15490 SW 57 St	
CITY ST ZIP	MIAMI FL 33056	64 CITY ST ZIP	MIAMI, FL 33193	

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 the 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: Ricardo A. Mussa RICARDO A. MUSSA 5/5/95 (305) 448-9905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
EXT 234

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