

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N38464** (6)
1. Corporation Name
PANAMANIAN AMERICAN ASSOCIATION OF FLORIDA INC.



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/05/1990	3a. Date of Last Report 05/11/1995
21		26		4. FEI Number 65-0200522	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	Zip	25	Country	28	Zip
29		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MUSSA, RICARDO A. 15490 SW 57TH ST. MIAMI FL 33193				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PD
NAME	JACOBS, MARVA	1.2 NAME	SPOONER, AMELIA
STREET ADDRESS	3018 NW 204TH TERR.	1.3 STREET ADDRESS	19823 SW 118 AVE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33197
TITLE	PD	2.1 TITLE	T
NAME	DRAYTON, ROLAND	2.2 NAME	ELLIS, MARIO
STREET ADDRESS	1906 N. 45 AVE.	2.3 STREET ADDRESS	17235 NW 17 AVE
CITY-ST-ZIP	HOLLYWOOD FL 33056	2.4 CITY-ST-ZIP	MIAMI, FL 33056
TITLE	SD	3.1 TITLE	
NAME	DRAYTON, DIANA	3.2 NAME	
STREET ADDRESS	1906 N. 45 AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33056	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	TD
NAME	MUSSA, RICARDO	4.2 NAME	
STREET ADDRESS	15490 SW 57TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	D
NAME	PETERSON, FELICIA	5.2 NAME	
STREET ADDRESS	614 N.W. 179TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	S
NAME	ST. MACARY, IDALIA	6.2 NAME	RAVENEAU, DELIA
STREET ADDRESS	19300 N.W. 23RD AVE.	6.3 STREET ADDRESS	835 NE 171ST
CITY-ST-ZIP	MIAMI FL 33066	6.4 CITY-ST-ZIP	MIAMI, FL 33162

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

Date

Daytime Phone

CR2E037 (3/96)