

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N38464**

1. Entity Name

PANAMANIAN AMERICAN ASSOCIATION OF FLORIDA INC.



FILED

03 DEC 15 AM 11:33

REINSTATEMENT  
TALLAHASSEE, FLORIDA 03



3/17/02 93014 024 6125

CHECK HERE IF MAKING CHANGES

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

Mailing Address

P.O. BOX 141173  
CORAL GABLES FL 33114-1173

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number **65-0200522**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

~~WENDELL A JAMES JR~~

*(Founder)*  
WENDELL A JAMES JR

000024332330  
10/31/03-01050-007 \*61.25

DATE

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  
NAME MUSSA, RICARDO  
STREET ADDRESS 15490 SW 57TH STREET  
CITY-ST-ZIP MIAMI FL 33193

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*PRESIDENT*

Change  Addition

TITLE V  
NAME DRAYTON, ROLAND  
STREET ADDRESS 1906 N 45TH AVENUE  
CITY-ST-ZIP HOLLYWOOD FL 33021

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*VICG PRESIDENT*

Change  Addition

TITLE TD  
NAME JACOBS, MARVA C  
STREET ADDRESS 3018 NW 204 TERRACE  
CITY-ST-ZIP MIAMI FL 33056

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*Delete*

Change  Addition

TITLE AT  
NAME SPOONER, AMELIA  
STREET ADDRESS 199863 SW 110TH AVENUE  
CITY-ST-ZIP MIAMI FL

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*TREASURER*

Change  Addition

TITLE S  
NAME PETERSON, FELICIA  
STREET ADDRESS 2742 NW 202 TERR  
CITY-ST-ZIP CAROL CITY FL 33056

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*SECRETARY*

Change  Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Amelia Spooer 10/27/03*

Date

Daytime Phone #

CR2E037 (4/03)

0057251