## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

**DOCUMENT #** 

N40842

(9)

PANAMERICAN ALLIANCE FOR ART, CULTURE AND INDUST RY, INC.

Principal Place of Business Mailing Address 3603 9TH ST SW 3603 9TH ST SW LEHIGH ACRES FL 33971 LEHIGH ACRES FL 33971 3. Date Incorporated or Qualified 11/13/1990 3a. Date of Last Report 05/01/1995 4. FEI Number 65-0226722 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing **\$5.00** May Be П 23 28 Trust Fund Contribution Added to Fees Country Zip Zip Country 6. This corporation has liability for intangible tax under s. 199.032, ☐ Yes X No 29 24 25 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 PRICE, GRACIELA Street Address (P.O. Box Number is Not Acceptable) 3603 9TH ST SW R3 LEHIGH ACRES FL 33971 City Zip Code 85 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE Change Addition PRICE, GLENN NAME 1.2 NAME 3603 9TH ST SW STREET ADDRESS 1.3 STREET ADDRESS LEHIGH ACRES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP VD. DELETE Change Addition 2.1 TITLE TITLE COLON, RUBEN NAME 2.2 NAME 1819 S.E. 12TH ST. 2.3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP Addition DELETE 3.1 TITLE ☐ Change TITLE PRICE, GRACIELA NAME 3.2 NAME 3603 9TH ST. S.W. STREET ADDRESS 3.3 STREET ADDRESS LEHIGH ACRES FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 41 TITLE VICTOR REYES 1133 S.E. 28th Terrace CAPE CORAL, FLORIDA 33904 PUTZEYS, ROLDOFO DR. 4. 2 NAME NAME 12820 KENWOOD L ANE, SUITE 5 STREET ADDRESS 4.3 STREET ADDRESS FT. MYERS FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE VILLANUEVA, ROXANA NAME 5.2 NAME 12800 UNIVERSITH DR, STE 400 STREET ADDRESS 5.3 STREET ADDRESS FT. MYERS FL CITY-ST-ZIP 5.4 CITY - ST - ZIF DELETE Addition Change TITLE 6.1 TITLE

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 em 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 17 if chapped; on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

NAME

STREET ADDRESS

CITY-ST-7IP

VILLALOBOS, MICHAEL

1819 RHONDA ST.

FT. MYERS FL

4/25/96 (941) 369-1182

(12/95)

**CR2E037**