FILE NOW: FILING FEE IS $61.25

FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # N40842 (9)

1. Corporation Name

PANAMERICAN ALLIANCE FOR ART, CULTURE AND INDUSTRY, INC.

Principal Place of Business	Mailing Address
3603 9TH ST SW LEHIGH ACRES FL 33971	3603 9TH ST SW LEHIGH ACRES FL 33971-2801

3. Date Incorporated or Qualified: **11/13/1990**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **65-0226722** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PRICE, GRACIELA
3603 9TH ST SW
LEHIGH ACRES FL 33971

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PRICE, GLENN		1.2 NAME		
STREET ADDRESS	3603 9TH ST SW		1.3 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	COLON, RUBEN		2.2 NAME		
STREET ADDRESS	1819 S.E. 12TH ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PRICE, GRACIELA		3.2 NAME		
STREET ADDRESS	3603 9TH ST. S.W.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	VICTOR REYES		4.2 NAME		
STREET ADDRESS	1133 S.E. 28TH TERRACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	VILLANUEVA, ROXANA		5.2 NAME		
STREET ADDRESS	12800 UNIVERSITH DR, STE 400		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	VILLALOBOS, MICHAEL		6.2 NAME	Mike Zak	
STREET ADDRESS	1819 RHONDA ST.		6.3 STREET ADDRESS	1221 S.E. 43rd Terrace	
CITY-ST-ZIP	FT. MYERS FL		6.4 CITY-ST-ZIP	Cape Coral, Fl 33904	

CR2E037 (9/96)

14. I do 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 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: _____ GLENN PRICE _____ 5/14/97 _____ (941) 369-8393