


FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N40842** (9)

1. Corporation Name

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

Principal Place of Business 3803 9TH ST SW LEHIGH ACRES FL 33971	Mailing Address 3803 9TH ST SW LEHIGH ACRES FL 33971
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3. Date Incorporated or Qualified

11/13/1990

4. FEI Number

65-0226722

Applied For	Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PRICE, GRACIELA
3803 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PRICE, GLENN	
STREET ADDRESS	3803 9TH ST SW	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	COLON, RUBEN	
STREET ADDRESS	1819 S.E. 12TH ST.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PRICE, GRACIELA	
STREET ADDRESS	3803 9TH ST. S.W.	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	VICTOR REYES	
STREET ADDRESS	1133 S.E. 28TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	VILLANUEVA, ROXANA	
STREET ADDRESS	12800 UNIVERSITH DR, STE 400	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ZAK, MIKE	
STREET ADDRESS	1221 SE 43RD TERRACE	
CITY-ST-ZIP	CAPE CORAL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ZAK, RAMIRO	
2.3 STREET ADDRESS	1221 SE 43RD TERRACE	
2.4 CITY-ST-ZIP	CAPE CORAL, FL	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SAYET, ELLEN	
3.3 STREET ADDRESS	1357 MELALEUCA LANE	
3.4 CITY-ST-ZIP	FT. MYERS, FL	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ZAK, SARA	
4.3 STREET ADDRESS	1221 SE 43RD TERRACE	
4.4 CITY-ST-ZIP	CAPE CORAL, FL	
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PRICE, GRACIELA	
5.3 STREET ADDRESS	3803 9TH ST. S.W.	
5.4 CITY-ST-ZIP	LEHIGH ACRES, FL	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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* **GLENN PRICE**

4/24/98 (941)674-4041 X133

CP2E037 (10/97)