FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JUN 30 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N49636** **(6)**

1. Corporation Name

PAN AMERICAN JAYCEES, INC.

Principal Place of Business	Mailing Address
420 SW 35TH AVE MIAMI FL 33135	420 SW 35TH AVE MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/25/1992**
3a. Date of Last Report: **08/09/1994**
4. FEI Number: **65-0337439** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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)

9. Name and Address of Current Registered Agent

SUAREZ, PATRIA L.
9983 S.W. 155 ST.
MIAMI FL 33157

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Patria Suarez 4/20/95
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SUAREZ, PATRIA L. 9983 S.W. 155 ST. MIAMI FL — DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P ALFREDO BECQUER 6901 SW 48 ST MIAMI FL 33177 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DICK, GERALDINE 9150 S.W. 72 ROAD MIAMI FL — DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	T MARLENE BECQUER 6901 SW 48 ST MIAMI, FL 33177 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROBERTSON, CHARLIE 130 ANTIQUERA #9 CORAL GABLES FL — Delete	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	VP GEORGE ALFARAS 6780 SW 25 Terr. MIAMI FL — ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP REY, ANGEL 420 S.W. 35 AVENUE MIAMI FL — Delete	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	VP REY ANGEL 420 SW 35 Ave MIAMI FL — ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SOON-FONG, ANDREW 384 MINORCA AVENUE CORAL GABLES FL — Delete	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	VP Geraldine Dick 9150 SW 72 Rd MIAMI FL — ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

PERMITTED BY MAY 1

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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)(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: Patria Suarez 4/20/95 375-4070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041M0