


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 11 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 # **N49636** (6)

1. Corporation Name

PAN AMERICAN JAYCEES, INC.



Principal Place of Business 12020 S.W. 105 TERRACE MIAMI FL 33186	Mailing Address 12020 S.W. 105 TERRACE MIAMI FL 33186
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5940 SW 50 TER Suite, Apt. #, etc.		2a. Mailing Address 26 5940 S.W. 50 TER. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/25/1992		3a. Date of Last Report 09/12/1996	
22		27		4. FEI Number 65-0337439		Applied For Not Applicable	
23 MIAMI FLORIDA City & State		28 MIAMI, FL. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 33155 Zip		25 USA Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
29 33135 Zip		30 USA Country		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

10. Name and Address of New Registered Agent

**BATINA, WILLIAM P
6821 S.W. 81ST STREET
MIAMI FL 33143**

81 Name	LISA BOCANEGRA
82 Street Address (P.O. Box Number is Not Acceptable)	5940 SW 50 TER
83	
84 City	MIAMI
85 Zip Code	FL 33155

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 *Lisa Bocanegra* DATE 9/5/97

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATINA, BILL	1.2 NAME	LISA BOCANEGRA
STREET ADDRESS	6821 S.W. 81ST STREET	1.3 STREET ADDRESS	5940 SW 50 TER
CITY-ST-ZIP	MIAMI FL 33143	1.4 CITY-ST-ZIP	MIAMI FL 33155
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLIS, VIRGINIA	2.2 NAME	GEORGE BOCANEGRA
STREET ADDRESS	12020 S.W. 105 TERRACE	2.3 STREET ADDRESS	5940 SW 50 TER
CITY-ST-ZIP	MIAMI FL 33186	2.4 CITY-ST-ZIP	MIAMI FL 33155
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICK, GERALDINE	3.2 NAME	LUIS ESTRADA
STREET ADDRESS	9450 S.W. 72 ROAD	3.3 STREET ADDRESS	11570 S.W. 82 TERR
CITY-ST-ZIP	MIAMI FL 33173	3.4 CITY-ST-ZIP	MIAMI, FL 33173
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	ANGEL REY
STREET ADDRESS		4.3 STREET ADDRESS	420 S.W. 35 AV.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI, FL 33135
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 *Lisa Bocanegra* SIGNATURE REQUIRED

9/1/97

643-7817

CR2E037 (4/97)