2001 UNIFORM BUSINESS REPORT (UBR)					FILED			
DOCUN 1. Entity Name PAN AM 4		00002597		Apr 04, 2001 08:00 AM Secretary of State				
Principal Place		Mailing Address	-					
BOCA RATON 33496	FL	BOCA RATON 33496	FL					
2. Principal Pla	ace of Business	3. Mailing Address				•		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		-	DO NOT WRITE IN THIS SE	PACE	•	
City & State	9	City & State		4. FEI Numbe 65-0492			plied For t Applicable	
Zip	Country	Zip	Country	1.5	of Status Desired	8.75 Add	itional	
	6. Name and Address of Curr	rent Registered Agent	Name	7. Name and	Address of New Registered A	gent	· · · · · · · · · · · · · · · · · · ·	
FILINGS IN 3732 N.W. 10				Street Address (P.O. Box Number is Not Acceptable)				
FT LAUDER	RDALE	FL	-		- <u>-</u>			
33311	US		City	1 2 2	FL	Zip Code	2	
SIGNATURE _	STEPHEN C. MES' Stignature, typed or printed name of registered at the state of the	9. Election Campaign Trust Fund Contribu	+0	ired when reinstating) 5.00 May Be ded to Fees	04/04/2 DATE Make Check P	ayable to		
10.	OFFICERS AND		11.	ADDITIONS/CH/	ANGES TO OFFICERS AND DIR	ECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESTLER STEPHEN 1611 PET SITES RD CHAPIN	C Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1		☐ Change	☐ Addition	5037 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOON EDWARD B 8701 HIDDEN HILL LANE POTOMAC	☐ Delete MD 20854	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	☐ Change	Addition	CR2E037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORZECK JOSEPH M 3128 N.W. 63RD ST. BOCA RATON	☐ Delete A FL 33496	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Сhange	∏ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

Stephen C. Mestler

Copt

04/04/2001

Davtime Phone #