

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION
 ANNUAL REPORT
 1996



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

95 922 12 PM 2:51

DOCUMENT # **N94000004666 (3)**
 1. Corporation Name
FLORIDA PANAMANIAN CULTURAL ASSOCIATION, INC.

STATE OF FLORIDA
 TALLAHASSEE, FLORIDA



Principal Place of Business
**641 NW 179TH ST
 MIAMI FL 33169**

Mailing Address
**P.O. BOX 170204
 MALEAH FL 33017**

3. Date incorporated or Qualified **09/19/1994** 3a. Date of Last Report **08/24/1995**
 4. FEI Number **65-0529164** 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

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
**COLBOURNE, YVETTE
 641 NW 179 ST
 MIAMI FL 33169**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
60000 1958896
 83 **-09/27/96--01037--009**
*******61.25 *****61.25**
 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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	HINDS, ROY	1.2 NAME
STREET ADDRESS	1010 NW 185TH AVE	1.3 STREET ADDRESS
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE
NAME	COLBOURNE, YVETTE	2.2 NAME
STREET ADDRESS	641 NW 179TH ST	2.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE
NAME	COLBOURNE, OMAR	3.2 NAME
STREET ADDRESS	9661 MILL POND DR	3.3 STREET ADDRESS
CITY-ST-ZIP	MIRAMAR FL	3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE
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
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

Vice President Change Addition
Francisco Hinds
369 N.E. 19th St #203
MIAMI FL 33179

President Change Addition
OMAR Colbourne
9661 Mill Pond Drive
MIRAMAR, FL 33025

Secretary Change Addition
Island Colbourne
9661 Mill Pond Drive
MIRAMAR FL 33025

Vice-President Change Addition
Marcos Simpson
19622 NW 30 Place
MIAMI FL 33056

William
7-13-96

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)(k), 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: *[Signature]* DATE: **7-19-96** DAYTIME PHONE #: **(954) 958-8166**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
OMAR Colbourne **President**

CR2E037 (3/96)