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Jul 29 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000004666 (3)

1. Corporation Name

FLORIDA PANAMANIAN CULTURAL ASSOCIATION, INC.



Principal Place of Business

Mailing Address

641 NW 179TH ST
MIAMI FL 33169

P.O. BOX 170204
HIALEAH FL 33017-0204

3. Date Incorporated or Qualified
09/19/1994

3a. Date of Last Report
09/13/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLBOURNE, YVETTE
641 NW 179 ST
MIAMI FL 33169

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP
NAME HINDS, FRANCISCO
STREET ADDRESS 369 N.E. 191ST #203
CITY-ST-ZIP MIAMI FL 33179

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE P
NAME COLBOURNE, OMAR - D
STREET ADDRESS 9661 MILL POND DRIVE
CITY-ST-ZIP MIRAMAR FL 33025

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD
NAME COLBOURNE, OMAR
STREET ADDRESS 9661 MILL POND DR
CITY-ST-ZIP MIRAMAR FL 33025

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD
NAME COLBOURNE, YVETTE - D
STREET ADDRESS 641 N.W. 179TH STREET
CITY-ST-ZIP MIAMI FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE S
NAME COLBOURNE, ISLAND -
STREET ADDRESS 9661 MILL POND DRIVE
CITY-ST-ZIP MIRAMAR FL 33025

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VP
NAME SIMPSON, MARCOS - D
STREET ADDRESS 19622 N.W. 30 PLACE
CITY-ST-ZIP MIAMI FL 33056

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 [Signature] H/29/97 (305) 651-5516

CR2E037 (9/96)