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FILED

Mar 11 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000003693 (6)

1. Corporation Name

PANAMANIAN AMERICAN MEDICAL ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3661 S MIAMI AVE  
SUITE 609  
MIAMI FL 331333661 S MIAMI AVE  
SUITE 609  
MIAMI FL 33133-42143. Date Incorporated or Qualified  
07/12/19963a. Date of Last Report  
n/a

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

☒ Applied For  
☐ Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. 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

REYNA, ROBERTO MD  
3661 S MIAMI AVE  
SUITE 609  
MIAMI FL 33133

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 ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP1.1 TITLE President ☐ Change ☒ Addition  
1.2 NAME Roberto Reyna  
1.3 STREET ADDRESS 3661 S Miami Ave Ste 609  
1.4 CITY - ST - ZIP Miami FL 33133TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP2.1 TITLE Vice President ☐ Change ☒ Addition  
2.2 NAME Gabriel Henriquez  
2.3 STREET ADDRESS 11001 SW 26 St.  
2.4 CITY - ST - ZIP Miami, FL 33165TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP3.1 TITLE Secretary ☐ Change ☒ Addition  
3.2 NAME Ann Hoos  
3.3 STREET ADDRESS 7008 SW 93 Lane  
3.4 CITY - ST - ZIP Miami FL 33155TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP4.1 TITLE Treasurer ☐ Change ☒ Addition  
4.2 NAME Jose E. Jaen  
4.3 STREET ADDRESS 7100 W 20 Ave. Ste G126  
4.4 CITY - ST - ZIP Hialeah, FL 33016TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP5.1 TITLE Director ☐ Change ☒ Addition  
5.2 NAME Dalisla Soto  
5.3 STREET ADDRESS 10568 NW 51 Ter  
5.4 CITY - ST - ZIP Miami, FL 33178TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP6.1 TITLE Director ☐ Change ☒ Addition  
6.2 NAME Luis Quintero  
6.3 STREET ADDRESS 420 S. Dixie Hwy.  
6.4 CITY - ST - ZIP Miami FL 33143

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:

Robert Reyna  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORFeb. 22 / 97 (305) 858-6167  
Date Daytime Phone # 0028852

CPRE037 (9/96)