

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90135 001 \*\*\*\*61.25

DOCUMENT # N96000005861

1. Corporation Name

ASOCIACION PANAMENO-AMERICANA DE ASISTENCIA SOCI  
AL, INC.

Principal Place of Business

~~6081 NO KENDALL DR~~  
~~MIAMI FL 33156~~

US  
7010 N.W. 50th ST.  
MIAMI FL 33166

Mailing Address

P O BOX 430441  
MIAMI FL 33243-0441



2. Principal Place of Business

2a. Mailing Address

21 SAME

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

3. Date Incorporated or Qualified

01/01/1997

4. FEI Number

65-0709498

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NOLLA-AMADO, JULIO A  
8150 SW 8TH ST  
SUITE 219  
MIAMI FL 33144

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 PD ☐ DELETE  
NAME DE RUIZ DE PELLON, PANNY  
STREET ADDRESS 6081 N KENDALL DR  
CITY-ST-ZIP MIAMI FL 33156

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME Roxanna D. de Riba  
1.3 STREET ADDRESS 7010 N.W. 50th Street - PD  
1.4 CITY-ST-ZIP Miami, FL 33166

TITLE SD ☐ DELETE  
NAME ATTIAS, CATHY  
STREET ADDRESS 60 SHORE DR W  
CITY-ST-ZIP MIAMI FL 33133

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME JILMA LASSO  
2.3 STREET ADDRESS 8483 S.W. 137 AVE. - SD  
2.4 CITY-ST-ZIP MIAMI FL 33183

TITLE TD ☐ DELETE  
NAME MARTINEZ, THELMA  
STREET ADDRESS 13008 SW 88 N TERR  
CITY-ST-ZIP MIAMI FL 33186

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME QUERUBE TAPIA  
3.3 STREET ADDRESS 7115 SW 93 CT. - TD  
3.4 CITY-ST-ZIP MIAMI, FL 33173

TITLE VD ☐ DELETE  
NAME VELASQUEZ, LYUDMILA  
STREET ADDRESS 60 SHORE DR. WEST  
CITY-ST-ZIP MIAMI FL 33133

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME VP Silvia E. Wong - VD  
4.3 STREET ADDRESS 250 Galen Dr. #116  
4.4 CITY-ST-ZIP Key Biscayne, FL 33149

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roxanna D. de Riba

Date

Daytime Phone #

5/10/99

CR2E037 (11/98)

003544