AMENDMENT

FILED

03 JUL 18 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005861

1. Entity Name
ASOCIACION PANAMENO-AMERICANA DE ASISTENCIA SOCIAL, INC.

Principal Place of Business	Mailing Address
11165 NW 7 ST #203 MIAMI, FL 33172 US	P O BOX 430441 MIAMI, FL 33243-0441

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6405 NW 36 ST	6405 NW 36 STREET
Suite, Apt. #, etc.: #228	Suite, Apt. #, etc.: #228
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33166 Country: USA	Zip: 33166 Country: USA

4. FEI Number: 65-0709498 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MIDDLETON, SANDRA 11165 NW 7 ST #203 MIAMI, FL 33172	Name: SANDRA MIDDLETON Street Address (P.O. Box Number is Not Acceptable): 6405 NW 36 STREET #228 City: MIAMI FL Zip Code: 33166

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Sandra Middleton 07-11-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MIDDLETON, SANDRA 11165 NW 7 ST #203 MIAMI, FL 331723600	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition S00002178296S 07/25/03--01004--019 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ENDARA, IRMA 9814 SW 133 CT MIAMI, FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RUIZ, MELINDA 5620 ALHAMBRA CIR CORAL GABLES, FL 33146	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERMELINDA TUNON-LOPEZ 6899 W. 36 AVENUE #204 HIALEAH, FL 33018 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LESSESNE, VILMA 4764 NW 114 AVE #103 MIAMI, FL 33178	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D ELIA A. PEREZ 9849 S.W. 117 PL MIAMI, FL 33186 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NIEVES, ZOILA 12283 SW 144 TERR MIAMI, FL 33186	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D BEATRICE MARIE NOEL 11111 BISCAYNE BLVD. T2 #1221 MIAMI, FL 33181 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OATES, JENNY 7901 SW 144 ST MIAMI, FL 33158	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: Sandra Middleton 7/11/2003 784-426-1313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/11/03