

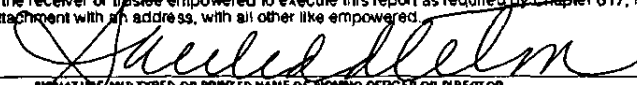
A MENDMENT

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

FILED

03 JUL 18 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005861			
1. Entity Name ASOCIACION PANAMENO-AMERICANA DE ASISTENCIA SOCIAL, INC.			
Principal Place of Business 11165 NW 7 ST #203 MIAMI, FL 33172 US		Mailing Address P O BOX 430441 MIAMI, FL 33243-0441	
2. Principal Place of Business 6405 NW 36 ST Suite, Apt. #, etc. #228		3. Mailing Address 6405 NW 36 STREET Suite, Apt. #, etc. #228	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33156	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 MIDDLETON, SANDRA 11165 NW 7 ST #203 MIAMI, FL 33172		7. Name and Address of New Registered Agent 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  07-11-03 (NOTE: Registered Agent's signature required when registering)			
FILE NOW FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
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 500021782965 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 6620 ALHAMBRA CIR CORAL GABLES, FL 33146 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition D. HERMELINDA TUNON-LOPEZ 6899 W. 36 AVENUE #204 MIAMI, FL 33018
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	☐ Change ☒ Addition S/D ELIA A. PEREZ 9849 S.W. 117 PL MIAMI, FL 33186
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	☐ Change ☒ Addition T/D BEATRICE MARIE NOEL 1111 BISCAYNE BLVD. T2 #1221 MIAMI, FL 33181
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
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 		7/11/2003 784-426-1313	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CH2E037 (10/02)

7/12/03