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Apr 16, 1999 8:00 am  
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000001856**

1. Corporation Name  
**PAN PARA LOS POBRES, INC.**

Principal Place of Business 14690 DR. MARTIN LUTHER KING JR. BLVD. DOVER FL 33527	Mailing Address P.O. BOX 159 DOVER FL 33527-0159
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/27/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3504449
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MARENCO, RENE 14002 WHITE PLAINS ST. SPRING HILL FL 34609		81 Name	Deborah Marenco
		82 Street Address (P.O. Box Number is Not Acceptable)	14002 White Plains St.
		83	
		84 City	Spring Hill FL
		85 Zip Code	34609

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 Deborah Marenco DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	1.1 TITLE	Chairman and President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	1.2 NAME	Rene Marenco	
STREET ADDRESS	1.3 STREET ADDRESS	14002 White Plains St.	
CITY-ST-ZIP	1.4 CITY-ST-ZIP	Spring Hill, FL. 34609	
TITLE <input type="checkbox"/> DELETE	2.1 TITLE	Board Member and Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	2.2 NAME	José L. Correa	
STREET ADDRESS	2.3 STREET ADDRESS	207 Belfort Place	
CITY-ST-ZIP	2.4 CITY-ST-ZIP	Valrico, FL. 33594	
TITLE <input type="checkbox"/> DELETE	3.1 TITLE	Board Member, Secretary and Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	3.2 NAME	Deborah Marenco	
STREET ADDRESS	3.3 STREET ADDRESS	14002 White Plains St.	
CITY-ST-ZIP	3.4 CITY-ST-ZIP	Spring Hill, FL. 34609	
TITLE <input type="checkbox"/> DELETE	4.1 TITLE	Board Member (Director) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	4.2 NAME	Loyda Correa	
STREET ADDRESS	4.3 STREET ADDRESS	207 Belfort Place	
CITY-ST-ZIP	4.4 CITY-ST-ZIP	Valrico, FL. 33594	
TITLE <input type="checkbox"/> DELETE	5.1 TITLE	Board Member (Director) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	5.2 NAME	Aida Muniz	
STREET ADDRESS	5.3 STREET ADDRESS	811 Pineberry #303	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	Brandon, FL. 33510	
TITLE <input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY-ST-ZIP	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: Deborah Marenco, Secretary 4/12/99 (352) 796-7211  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Deborah Marenco, Treasurer Date Daytime Phone #  
4/12/99 4/12/99 4765

CR2E037 (11/98)