

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91469 042 ***150.00

DOCUMENT # P00000001961

1. Entity Name

PANA INTERNATIONAL INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

800 Brickell Ave

3. Mailing Address

800 Brickell Ave

Suite, Apt. #, etc.
1109

Suite, Apt. #, etc.
1109

City & State
Miami FL

City & State
Miami, FL

4. FEI Number

26-0013154

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip
33131

Country
USA

Zip
33131

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **GERMAN OSORIO**

Street Address (P.O. Box Number is Not Acceptable)

800 Brickell Ave; Suite 1109

City **Miami**

FL

Zip Code
33131

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME **D GERMAN OSORIO**
STREET ADDRESS **800 Brickell Ave; Suite 1109**
CITY-ST-ZIP **Miami FL 33131**

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IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERMAN OSORIO

Date

Daytime Phone #

CR2E034B (12/02)