


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000082337 1. Entity Name PAM INTERNATIONAL CORP.	
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Principal Place of Business 5333 NW 165 STREET MIAMI, FL 33014	Mailing Address 5333 NW 165 STREET MIAMI, FL 33014
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DO NOT WRITE IN THIS SPACE



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1131543	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GARCES, GASPAR 9032 NW 12 ST MIAMI, FL 33172	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

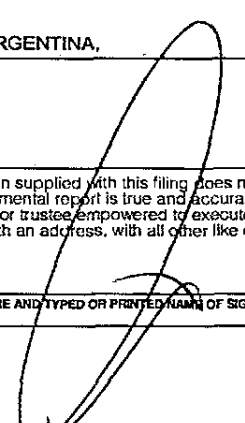
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAMBIRIS, JORGE RAMON FALCON #2509 PICO 5 APT E BUENOS AIRES, ARGENTINA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOHN, RUBEN BARRIO LA DELFINA AV PTE BUENOS AIRES, ARGENTINA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOHN, ALEJANDRO F ANTEZANA 81 PISO 7, APT 22 BUENOS AIRES, ARGENTINA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOHN, MANUEL RAMON L FALCON 2529 PISO 5 BUENOS AIRES ARGENTINA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOHN, MARCELO CHIVILCOY 4875 BUENOS AIRES ARGENTINA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000047279
02/12/04-80034-009 150.00

**DO NOT WRITE
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Alejandro F. Kohn**
President
FEB 4, 2004 305.430.0525
Date Days/Week Phone #