


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0200002231

1. Entity Name
PAN AMERICAN LEASING CORPORATION



90130999

Principal Place of Business
 1109 NORTH FEDERAL HWY
 FT LAUDERDALE, FL 33304

Mailing Address
 1109 NORTH FEDERAL HWY
 FT LAUDERDALE, FL 33304

2. Principal Place of Business
241 Bombay Avenue
 Suite, Apt. #, etc.

3. Mailing Address
241 Bombay Ave.
 Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
FT. Lauderdale, FL.

City & State
FT. Lauderdale, FL.

Zip
33308

Country
US

4. FEI Number
80-0008379

Applied For
 Not Applicable

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

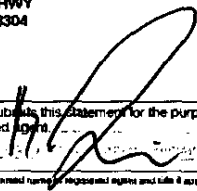
6. Name and Address of Current Registered Agent

ZIMMERMANN, MATTHIAS
 1109 NORTH FEDERAL HWY
 FT LAUDERDALE, FL 33304

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
241 Bombay Avenue
 City **FT. Lauderdale, FL** Zip Code **33308**

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:  DATE: **4/30/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting)

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

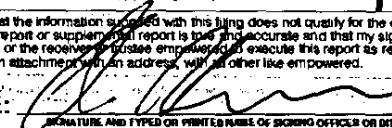
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MALINENKO, ARNIE 1109 NORTH FEDERAL HWY FT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZIMMERMANN, MATTHIAS 1109 NORTH FEDERAL HWY FT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Angelika Heinemann 241 Bombay Avenue FT. Lauderdale, Florida 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:  DATE: **4/30/03** TELEPHONE: **954-351-0331**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR28304 (10/02)