

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P38393 (5)

1. Corporation Name
PAN ATLANTIC CARRIER SERVICES, INC.



Principal Place of Business Mailing Address
2150 NW 70TH AVE 2150 NW 70TH AVE
MIAMI FL 33142 MIAMI FL 33122-1814

3. Date Incorporated or Qualified 04/17/1992 3a. Date of Last Report 04/23/1996
4. FEI Number 65-0325676 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
CORPORATION COMPANY OF MIAMI
201 SOUTH BISCAYNE BLVD.
1800 MIAMI CENTER
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent or principal name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE PD ☐ DELETE
2. NAME WHITE, SHONA
3. STREET ADDRESS PASEA ESTATE, ROAD TOWN
4. CITY-ST-ZIP TORTOLA, BR. VIR. IS.
5. TITLE VDS ☐ DELETE
6. NAME AREAS, JOSE
7. STREET ADDRESS PASEA ESTATE, ROAD TOWN
8. CITY-ST-ZIP TORTOLA, BR. VIR. IS.
9. TITLE ☐ DELETE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP
13. TITLE ☐ DELETE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP
17. TITLE ☐ DELETE
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP
21. TITLE ☐ DELETE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0182993

CR2E034 (9/96)