

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.**  
**AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).**

*Amended*

PROFIT CORPORATION ANNUAL REPORT 1998



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

**FILED**  
 98 OCT 20 PM 2:08  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P 38393**  
 1. Corporation Name  
**PAN ATLANTIC CARRIER SERVICES, INC.**

Principal Place of Business: 2150 N.W. 70th. Avenue, Miami, FL 33122  
 Mailing Address: 2150 N.W. 70th. Avenue, Miami, FL 33122

3. Date Incorporated or Qualified: 04/17/1992  
 4. FEI Number: 65-0325676  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21-23)  
 2a. Mailing Address (26-28)  
 24. Zip (24-25) Country (25)  
 29. Zip (29-30) Country (30)

9. Name and Address of Current Registered Agent  
**SKIPP, JONATHAN W HERR, LINFORS & SKIPP, P.A.**  
**9100 S. DADELAND BLVD., STE. 1001**  
**MIAMI, FL 33156**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable): 600002671716--9  
 83 City: -10/26/98--01003--004  
 84 City: \*\*\*\*\*81.25 FL 85 Zip Code: \*\*\*\*\*81.25

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

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	PAIZ, CARLOS M.	
STREET ADDRESS	7 AVE, 3-17, ZONA 9	
CITY-ST-ZIP	GUATEMALA CITY, GUATEMALA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDRADE, RICARDO	
STREET ADDRESS	7 AVE, 3-17, ZONA 9	
CITY-ST-ZIP	GUATEMALA CITY, GUATEMALA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P. & CEO	<input type="checkbox"/> DELETE
NAME	MCCARTHY, MICHAEL P.	
STREET ADDRESS	2150 N.W. 70th. AVENUE	
CITY-ST-ZIP	MIAMI, FL 33122	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	12 CALLE 1-80, ZONA 9
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	12 CALLE 1-80, ZONA 9
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D RODRIGUEZ, ANIBAL
3.3 STREET ADDRESS	12 CALLE 1-80, ZONA 9
3.4 CITY-ST-ZIP	GUATEMALA CITY, GUATEMALA
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D CHIU, MARIO
4.3 STREET ADDRESS	12 CALLE 1-80, ZONA 9
4.4 CITY-ST-ZIP	GUATEMALA CITY, GUATEMALA
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	S MORENO, MARIA DOLORES
5.3 STREET ADDRESS	12 CALLE 1-80, ZONA 9
5.4 CITY-ST-ZIP	GUATEMALA CITY, GUATEMALA
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Michael P. McCarthy* Michael P. McCarthy 09/30/98 (305)470-0000  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/98)