

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 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 04/17/1992 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 65-0325676 | |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 | Country | 29 | Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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) |
| 83 | City |
| 84 | Zip |

600002671716-9
-10/26/98-01003-004
*****61.25
FL 85

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | C <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PAIZ, CARLOS M. | 1.2 NAME | |
| STREET ADDRESS | 7 AVE, 3-17, ZONA 9 | 1.3 STREET ADDRESS | 12 CALLE 1-80, ZONA 9 |
| CITY-ST-ZIP | GUATEMALA CITY, GUATEMALA | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANDRADE, RICARDO | 2.2 NAME | |
| STREET ADDRESS | 7 AVE, 3-17, ZONA 9 | 2.3 STREET ADDRESS | 12 CALLE 1-80, ZONA 9 |
| CITY-ST-ZIP | GUATEMALA CITY, GUATEMALA | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME | RODRIGUEZ, ANIBAL |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 12 CALLE 1-80, ZONA 9 |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | GUATEMALA CITY, GUATEMALA |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | CHIU, MARIO |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 12 CALLE 1-80, ZONA 9 |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | GUATEMALA CITY, GUATEMALA |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | MORENO, MARIA DOLORES |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 12 CALLE 1-80, ZONA 9 |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | GUATEMALA CITY, GUATEMALA |
| TITLE | P. & CEO <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MCCARTHY, MICHAEL P. | 6.2 NAME | |
| STREET ADDRESS | 2150 N.W. 70th. AVENUE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL 33122 | 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

09/30/98

(305)470-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/98)