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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P92000012483 (3)

PANZYMA INTERNATIONAL, INC.

2667 W. 74TH ST.

HIALEAH FL 33016

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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NAME

Principal Place of Business 14024 S.W. 47TH TERRACE MIAMI FL 33175		Mailing Address 14024 S.W. 47TH TERRACE MIAMI FL 33175-4835			
2. Principal Place of Business 21		2a, Mailing Address		4. FEI Number 65-0380453	Applied For
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		0070300493	Not Applicable
22		27]		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Z(p	Country 30	8. This corporation has liability for in Florida Statutes	itangible tax under s. 199.032,   Yes   No
==1	9. Name and Address of Curr		_ 1301	10. Name and Address of New Reg	
MIYAR, RAMON			81 Name		
	024 S.W. 47TH TERRACE				
MIAMI FL 33175			82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)	
****	74III 1 E 00170		83		
			84 City		FL 85 Zip Code
11. Pursuar office of agent. I	nt to the provisions of Sections 607.0 r registered agent, or both, in the State am familiar with, and accept the obt	502 and 607.1508, Florida Statute of Florida. Such change was galions of, Section 607.0505, F	ites, the above-named co authorized by the corpor lorida Statutes.	orporation submits this statement for the puration's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
SIGNATURE					
	Signature, typed or printed name of reposered		VII. Registered Agent signature rec	quired when reinstating)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PD	☐ DELFTE	1.1 THE		Change Addilio
NAME	MIYAR, RAMON		1.2 NAME		
STREET ADDRESS	- I		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175		1.4 CITY - ST-ZIP		
TITLE	VTD	DELETE	2 1 TITLE		Change Additio
NAME	HOIGJELLE, EIGIL		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	MANAGUA NI		2 4 CITY - ST - ZIP		
TITLE	SD	DELETE	3 1 TITLE		Change Additio
NAME	SANCHEZ, ALBERTO L		3.2 NAME		- <del>-</del>

CITY-ST-ZIP 6.4 C(1Y - S1 - Z(P) 14. I do hereby certify that the information supplied with this filling 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 it 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.

4 1 THLE

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

€ 2 NAME

3.3 STREET ADDRESS

4.9 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 City-St-ZiP

4.4.011Y-ST-ZiP

34. CITY-S1-7IP

DELETE

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Change

Change

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Addition

Addition

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**FILED** 

May 14 1997 8:00am

Secretary of State