FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 3:52

DOCUMENT # **P93000004006 (1)**

1. Corporation Name
PAN AMERICAN SYSTEMS USA INC.

Principal Place of Business
9000 A NW 106 ST
MEDLEY FL 33170

Mailing Address
9000 A NW 106 ST
MEDLEY FL 33170

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/19/1993**
3a. Date of Last Report: **04/12/1994**

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

4. FEI Number: **65-0384771** — 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 filed or intends to file under Section 1361(a) Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
QUINTELA, PABLO
9000 A NW 106 ST
MEDLEY FL 33170

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. I hereby acknowledge 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 X

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	QUINTELA, PABLO
STREET ADDRESS	9000 A NW 106 ST
CITY ST ZIP	MEDLEY FL 33170
TITLE	VD
NAME	IMBELLONI, EDUARDO
STREET ADDRESS	9000 A NW 106 ST
CITY ST ZIP	MEDLEY FL 33170
TITLE	~~VD~~
NAME	~~NAZER, DOMINGO L~~
STREET ADDRESS	~~9000 A NW 106 ST~~
CITY ST ZIP	~~MEDLEY FL 33170~~
TITLE	~~VD~~
NAME	~~NAZER, DOMINGO L~~
STREET ADDRESS	~~9000 A NW 106 ST~~
CITY ST ZIP	~~MEDLEY FL 33170~~
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

14. I do hereby certify that the information supplied with this report is voluntarily furnished and changed equally 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 a receiver or trustee or another agent as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on any attachment with any addition.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/95 305 887 4851

01M44M CP