

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

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Feb 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000042084 (2)**

1. Corporation Name  
**PANTHER ROAD ASSISTANCE, INC.**



Principal Place of Business <b>45502 SW 137TH PLACE MIAMI FL 33177 US</b>	Mailing Address <b>45502 SW 137TH PLACE MIAMI FL 33177-1155 US</b>
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3. Date Incorporated or Qualified <b>06/10/1993</b>	3a. Date of Last Report <b>04/29/1996</b>
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2. Principal Place of Business 21 <b>10933 S.W. 146th Ct.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>10933 S.W. 146th Ct.</b> Suite, Apt. #, etc.	4. FEI Number <b>65-0424420</b>	Applied For Not Applicable
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22	27	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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23 City & State <b>Miami, Florida</b>	28 City & State <b>Miami, Florida</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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24 Zip <b>33186</b>	25 Country <b>U.S.A.</b>	29 Zip <b>33186</b>	30 Country <b>U.S.A.</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
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<b>DUQUE, GLORIA P</b> <b>45502 SW 137TH PLACE</b> <b>MIAMI FL 33177</b>	81 Name <b>Gloria Gomez</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>10933 S.W. 146th Ct.</b> 83 84 City <b>Miami</b> <b>FL</b> 85 Zip Code <b>33186</b>
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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: *Gloria P. Gomez* **x 1-27-97**  
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 <input checked="" type="checkbox"/> DELETE	NAME <b>DUQUE, ORLANDO J.</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>45502 SW 137TH PLACE</b>		1.2 NAME	
CITY - ST - ZIP <b>MIAMI FL</b>		1.3 STREET ADDRESS	
TITLE <input checked="" type="checkbox"/> DELETE	NAME <b>DUQUE, GLORIA P.</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>45502 SW 137TH PLACE</b>		2.2 NAME	
CITY - ST - ZIP <b>MIAMI FL</b>		2.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE	NAME	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>President</b>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY - ST - ZIP	<b>Gloria Gomez</b>	3.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	<b>10933 S.W. 146th Ct</b>	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY - ST - ZIP	<b>Miami, Florida 33186</b>	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	NAME	4.2 NAME	
STREET ADDRESS	<b>Vice President</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>Freddy Santamaria</b>	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>10933 S.W. 146th Ct.</b>	5.2 NAME	
CITY - ST - ZIP	<b>Miami, Florida 33186</b>	5.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE	NAME	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		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 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: *Freddy Santamaria* **x 1-27-97 (305) 388-5626**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)