

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0051390

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 26 AM 11:58

DOCUMENT # P93000068674

1. Corporation Name
 PAN AM CORPORATION



600003035826--5

-11/05/99--01011--003

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

9300 N.W. 36TH STREET
 MIAMI FL 33178
 US

9300 N.W. 36TH STREET
 MIAMI FL 33178
 US

3. Date Incorporated or Qualified

10/04/1993

2. Principal Place of Business

2a. Mailing Address

21. 14 AVIATION AVENUE
 Suite, Apt. #, etc.

26. 14 AVIATION AVENUE
 Suite, Apt. #, etc.

4. FEI Number

65-0450311

Applied For
 Not Applicable

22. City & State

23. PORTSMOUTH NH
 Zip 03801 Country USA

27. City & State

28. PORTSMOUTH NH
 Zip 03801 Country USA

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 owes the current year Intangible Personal Property.

Yes No

9. Name and Address of Current Registered Agent

OGILBY, JOHN J JR, ESQ
 % PAN AMERICAN WORLD AIRWAYS, INC.
 9300 N.W. 36TH ST., DORAL BLDG., 2ND FLOOR
 MIAMI FL 33178

10. Name and Address of New Registered Agent

81 Name JOHN R. NADOLNY, Esq. - General Counsel
 82 Street Address (P.O. Box Number is Not Acceptable) 3015 CARRIER AVE
 83
 84 City SANFORD FL 85 Zip Code 32772

11. Pursuant to the provisions of sections 607.0502 and 607.1506, 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]

JOHN R. NADOLNY

10/23/99

Signature and printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE D 1.2 NAME BANMILLER, DAVID A 1.3 STREET ADDRESS 9300 N.W. 36 ST 1.4 CITY-ST-ZIP MIAMI FL 33178 <input checked="" type="checkbox"/> DELETE	1.1 TITLE D/P 1.2 NAME DAVID A. FINK 1.3 STREET ADDRESS 14 AVIATION AVE. 1.4 CITY-ST-ZIP PORTSMOUTH NH 03801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE P/EO 2.2 NAME BANMILLER, DAVID A 2.3 STREET ADDRESS 9300 NW 36 ST 2.4 CITY-ST-ZIP MIAMI FL 33178 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 5 2.2 NAME JOHN R. NADOLNY 2.3 STREET ADDRESS 14 AVIATION AVE. 2.4 CITY-ST-ZIP PORTSMOUTH NH 03801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE GCVP 3.2 NAME OGILBY, JOHN J JR 3.3 STREET ADDRESS 9300 NW 36 ST 3.4 CITY-ST-ZIP MIAMI FL 33178 <input checked="" type="checkbox"/> DELETE	3.1 TITLE D 3.2 NAME TIMOTHY MELLON 3.3 STREET ADDRESS 14 AVIATION AVE. 3.4 CITY-ST-ZIP PORTSMOUTH NH 03801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> DELETE	4.1 TITLE D 4.2 NAME RICHARD S. KELSO 4.3 STREET ADDRESS 14 AVIATION AVE. 4.4 CITY-ST-ZIP PORTSMOUTH NH 03801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> DELETE	5.1 TITLE D. 5.2 NAME D. ARMSTRONG FINK 5.3 STREET ADDRESS 14 AVIATION AVE. 5.4 CITY-ST-ZIP PORTSMOUTH, NH 03801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

[Signature] JOHN R. NADOLNY

10/23/99

(603) 766-2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (5/99)