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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DIVISION OF 6 DOCUMENT # P94000015822 (7)

PANAMETRIC CORPORATION

Principal Place of Business Mailing Address 8700 SW 124TH ST 13940 S.W. 136ST MIAMI FL SUITE 100 DO NOT WRITE IN THIS SPACE MIAMI FL 33186 3. Date Incorporated or Qualified <u>02/21/1994</u> 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0475489 Not Applicable Suite, Apt. #, etc. Suito, Apt. #, etc \$8.75 Additional Ø 6. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Ζip Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BENITEZ, VICTOR 8700 SW 124TH ST Street Address (P.O. Box Number is Not Acceptable) **B2** MIAMI FL 83 84 City Zip Code 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 came of registered agont and life if applicable 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13, DELETE Change Addition TITLE 1.1 TITLE BENITEZ, VICTOR M 1.2 NAME NAME 8700 SW 124TH ST 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE BENITEZ, MIRIAM C NAME 2.2 NAME 8700 SW 124TH ST 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 3.1 TITLE CAULEY, DOUGLAS NAME 3.2 NAME 2616 JENKS AVE. STREET ADDRESS 3.3 STREET ADORESS PANAMA CITY FL CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE ☐ Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 51 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP TITLE DELETE Change Addition

14. Thereby 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 suppliemental proved 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 of 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 attainment with an address.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

04/20/98

(305)

FILED

Apr 28 1998 8:00am

Secretary of State

235-5098