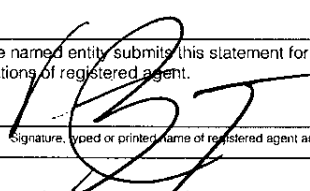
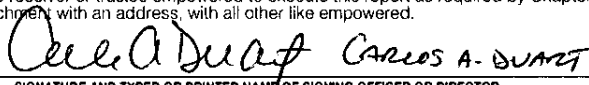


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90041 047 ***158.75

DOCUMENT #P94000015822 1. Entity Name PANAMETRIC CORPORATION					
Principal Place of Business 13940 SW 136 ST 100 MIAMI, FL 33186			Mailing Address 13940 S.W. 136ST SUITE 100 MIAMI, FL 33186 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0475489	
5. Certificate of Status Desired ☒		Applied For ☐ Not Applicable			
6. Name and Address of Current Registered Agent BENITEZ, VICTOR 8700 SW 124TH ST MIAMI, FL					
7. Name and Address of New Registered Agent Name BENITEZ, VICTOR M Street Address (P.O. Box Number is Not Acceptable) 12191 SW 92ND AVE City MIAMI FL Zip Code 33176-5110					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  VICTOR BENITEZ DATE 1/19/04 (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BENITEZ, VICTOR M 8700 SW 124TH ST MIAMI, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BENITEZ, VICTOR M 12191 SW 92ND AVE MIAMI, FL 33176-5110	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS BENITEZ, MIRIAM C 8700 SW 124TH ST MIAMI, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAULEY, DOUGLAS 2616 JENKS AVE. PANAMA CITY, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUART, CARLOS 14471 SW 161 ST MIAMI, FL 33177	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  CARLOS A. DUART SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1/19/04 Daytime Phone # (305) 235-5098		