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

APPROVED AND FILED

95 MAY -1 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000026482

1. Corporation Name

PAN AM AVIATION, INC.

Principal Place of Business	Mailing Address
5000 N.W. 36TH ST. BLDG. B # 345 MIAMI, FL 33122	~~5000 N.W. 36TH ST.~~ ~~BLDG. B # 345~~ ~~MIAMI, FL 33122~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 4/15/94
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21	26 PO Box 661073
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28 MIAMI SPRINGS FLA.
Zip / Country 24 / 25	Zip / Country 29 33266 / 30 USA

4. FEI Number: 65-0482793 ☐ 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 liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BROWN, ROBERT 5000 N.W. 36TH ST. BLDG. B # 345 MIAMI, FL 33122	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. 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 _____ 4/19/95
Signature required for (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	P/D/T	11 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, PABLO JR.	12 NAME	300001470323
STREET ADDRESS	5000 NW 36 ST. BLDG B # 345	13 STREET ADDRESS	-05/02/95--01020--002
CITY ST ZIP	MIAMI, FL 33122	14 CITY ST ZIP	****200.00 ****200.00
TITLE	VP/S/D	21 TITLE	☐ Change ☐ Addition
NAME	BROWN, ROBERT	22 NAME	
STREET ADDRESS	5000 NW 36 ST. BLDG. B # 345	23 STREET ADDRESS	
CITY ST ZIP	MIAMI, FL 33122	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ Robert Brown (305) - 874-6665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #