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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000054111 (7)

PANAMERICAN FLOORING SERVICES, INC.

Mailing Address Principal Place of Business 590 QUEENSBRIDGE DR P O BOX 950429 LAKE MARY FL 32746 LAKE MARY FL 32795-0428 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>07/21/1994</u> 2. Principal Place of Business 2a, Mailing Address Applied For Not Applicable 59-3254673 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name RODRIGUEZ, MARIA T 590 QUEENSBRIDGE DR 82 Street Address (P.O. Box Number is Not Acceptable) LAKE MARY FL 85 Zip Code City 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. ature, typed or printed name of registering agent and title if applicable Registered Agent signature ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1 1 TITLE Change Addition TITLE NAME RODRIGUEZ, MARIA T 1.2 NAME 590 QUEENSBRIDGE DR 1.3 STREET ADDRESS STREET ADDRESS LAKE MARY CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME RODRIGUEZ, BENITO 2.2 NAME 590 QUEENSBRIDGE DR STREET ADDRESS 2.3 STREET ADDRESS LAKE MARY FL 32746 2. 4 CITY-ST-ZIP CITY-ST-29P DELETE Change Addition TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE NAME 4 2 NAME

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 count or supplemental enumaly open 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 trusted expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 18 if changed, or on an affect ment with products.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

NAME

TITLE

NAME

Maria & Koduzus

DELETE

DELETE

4/28/98

2E034 (10/97)

Change

Change

Addition

Addition

FILED

May 13 1998 8:00am

Secretary of State