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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Nancy B. Martham
Secretary of State
Division of Corporations

DOCUMENT # **P94000061718 (0)**

1. Corporation Name
PAN AMERICAN ENTERPRISES, INC.

Principal Place of Business: **POST OFFICE BOX 26023 TAMPA FL 33606-6023**
Mailing Address: **POST OFFICE BOX 26023 TAMPA FL 33606-6023**

DO NOT WRITE IN THIS SPACE

| | | | |
|---|--|---------------------------------------|--|
| 3. Date Incorporated or Qualified 08/22/1994 | | 3a. Date of Last Report N/A | |
| 4. FEI Number 59-3266193 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 6. This corporation has liability for intangible tax under the Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | | | |
|---|--|--|--|--|--|-----------|----|
| 9. Name and Address of Current Registered Agent MILLER, PATRICIA 116 SO. CHURCH AVENUE TAMPA FL 33609 | | | | 10. Name and Address of New Registered Agent | | | |
| | | | | B1 | Name SAME | | |
| | | | | B2 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | B3 | | | |
| | | | | B4 | City | FL | B5 |

11. Pursuant to the provisions of Sections 607.0503 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 agree to the obligations of Section 607.0503, Florida Statutes.

SIGNATURE: *[Signature]* **7/12/95**

| | | | |
|--|---|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| 1. TITLE PRESIDENT | 1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 2. NAME PATRICIA MILLER | 2. NAME | | |
| 3. STREET ADDRESS 116 S. Church Ave. | 3. STREET ADDRESS | | |
| 4. CITY, ST, ZIP TAMPA, FLA. 33609 | 4. CITY, ST, ZIP | | |
| 5. TITLE | 5. TITLE | | |
| 6. NAME | 6. NAME | | |
| 7. STREET ADDRESS | 7. STREET ADDRESS | | |
| 8. CITY, ST, ZIP | 8. CITY, ST, ZIP | | |
| 9. TITLE | 9. TITLE | | |
| 10. NAME | 10. NAME | | |
| 11. STREET ADDRESS | 11. STREET ADDRESS | | |
| 12. CITY, ST, ZIP | 12. CITY, ST, ZIP | | |
| 13. TITLE | 13. TITLE | | |
| 14. NAME | 14. NAME | | |
| 15. STREET ADDRESS | 15. STREET ADDRESS | | |
| 16. CITY, ST, ZIP | 16. CITY, ST, ZIP | | |

14. I do hereby certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 319.027, Florida Statutes. I further certify that this 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 member or trustee empowered to execute this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in the form with an address.

SIGNATURE: *[Signature]* **PATRICIA MILLER** **3/25/95** **870-1521**
6/21/95