SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 AUG 23 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000079153 (0)**

1. Corporation Name

PAN AMERICAN MEDIA SERVICES, INC.

Principal Place of Business	Mailing Address
905 E. MARTIN LUTHER KING, JR. DR., #600 TARPON SPRINGS FL 34689	905 E. MARTIN LUTHER KING, JR. DR., #600 TARPON SPRINGS FL 34689

3. Date Incorporated or Qualified: 10/27/1994
3a. Date of Last Report: 10/09/1995

2. Principal Place of Business
21 1320 Stratford Dr.
Suite, Apt #, etc. 22
City & State 23: Clearwater, FL
Zip 24: 34616 Country 25: USA

2a. Mailing Address
26 1401 No. Missouri Ave
Suite, Apt #, etc. 27: Suite 118
City & State 28: Largo, FL
Zip 29: 33770 Country 30: USA

4. FEI Number: 65-0530423 ☐ 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 s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GENNARE, JOSE EDUARDO
905 E. MARTIN LUTHER KING, JR. DR., #600
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name: Gennare, Jose Eduardo
82 Street Address (P.O. Box Number is Not Acceptable): 3266 Haviland Ct
83: #204
84 City: Palm Harbor FL 85 Zip Code: 34684

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when removing agent)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWAN, ROBERT H 905 E. MARTIN LUTHER KING, JR. DR., #600 TARPON SPRINGS FL 34689	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D Swan, Robert H. 905 E Martin Luther King Jr #300 Tarpon Springs, FL 34689	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GENNARE, NIVEA 905 E. MARTIN LUTHER KING, JR. DR., #600 TARPON SPRINGS FL 34689	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D Gennare, Nivea 3266 Haviland Ct #204 Palm Harbor, FL 34684	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	P94000079153 -08/27/95--01101--011 ****238.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Robert H Swan 8-15-96 813-584-4920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0123562 CR