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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 15 1997 8:00am

Secretary of State

- I ARRIANDE AND ENDA DERE MAIN NOOM AND A ROOM AND A COLOR ALBERT AND AND AND AND

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000079153 (0)

PAN AMERICAN MEDIA SERVICES, INC.

Principal Place of Business Mailing Address									—					
CLEARWATER FL 34616				1401 N. MISSOURI AVENUE SUITE 118 LARGO FL 33770-1821										
									3. Date Incorporated or Qualified 10/27/1994 3a. Date of Last Report 08/23/1996					
2. Principal Place of Business				2a. Mailing Address					4. FEI Number Applied For					ed For
21				26					65-0530423 Not Applicable					
Suite, Apt. #, etc.				Suite, Apt. #, etc.				:	5. Certificate of Status Desire	d		\$8.7	5 Add Regu	
City & State				City & State					& Election Compaign Financi	ina			<del></del>	
23				28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip Country				Zip Coi			,		8. This corporation has liability for intangible tax under s. 199.032,					
24	25			29 30					Florida Statutes Yes No					
9. Name and Address of Current Registered Agent							10. Name and Address of Ne				w Registered Agent			
	NARE, JOSE E	4004				81	Nam	6						
3266 HAVILAND CT., #204 Palm Harbor Fl 34684						82	Stree	t Addres	ess (P.O. Box Number is Not Acceptable)					
PALI	M DANDON FL	<del>1001</del>				83	<del> </del>				<del></del>			
						L.								
						84	City				FL	_  85   Z	ip Cod	de
l othice or r	reaistered agent. i	or both. In the St	ate of Flori	07.1508, Florida St da. Such change w f, Section 607.0505	as authoriz	zed by	v the co	d corpor poration	ration submits this statement for n's board of directors. I hereby	the praccep	urpose of the app	f changing pointment	j its re as reç	egistered gistered
SIGNATURE		•	Ü											
	Signature, typed or por					<u>_</u>	ent signati	re required	when reinstating)		DATE			***************************************
12.		OFFICERS (	and dire.		18				ADDITIONS/CHANGES TO	OFFIC	ERS AND			
TITLE	D CWAN DODE	DT LI		DELETE		TITLE			·			L Chang	e L	Addition
NAME SWAN, ROBERT H STREET ADDRESS 905 E. MARTIN LUTHER KING, JR. C				2 #300	1	NAME	ABBBEAR							
STREET ADDRESS 905 E. MANTIN LUTHER KING, CITY-ST-ZIP TARPON SPRINGS FL 34689							1.3 STREET ADDRESS 1.4 City-St-Zip							
TITLE	D			☐ DELETE		TITLE	21-21				<del></del>	Chano	e l	Addition
NAME	GENNARE, NI	VEA		_		NAME								
STREET ADDRESS	AAAA IJASHI AAIR AT HAAA			231			ADDRESS	3						
CHY-ST-ZIP	PALM HARBO		2.0			ST - ZIP								
TITLE				☐ DELETE	3.1	TITLE						Chang	e	Addition
NAMÉ					32	NAME.	•							į
STREFT ADDRESS					3.3	STREET	ADDRESS	S .						
City+St+7iP	The state of the s	AL		T Devere		I. CITY-	ST-ZIP							
TITE				L. DELETE		TITLE						L Chang	e L	Addition
NAME						2 NAME								
STREET ADDRESS							ADDRESS	5						
CHY-ST-ZIP THUE				DELETE		CITY-S	1 - Z)P					☐ Chang	<u> </u>	Addition
NAME						NAME						LUI VIIIIY	٠ L	NUUIIIVII
STREET ADDRESS							ADDRESS							
CITY - \$1 - ZIP						CITY-S								
TITLE			<del></del>	DELETE		TITLE						Chang	e [	Addition
NAME						NAME								
STREET ADDRESS							ADDRESS	3						
								1						

14. I do 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 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.