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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000093244**1. Corporation Name

PAN-AM PACKAGING, INC.

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90183 049 \*\*\*150.00



Principal Place of Business Mailing Address					
8214 N.W. 64TH STREET MIAMI FL 33166		8214 N.W. 64TH STREET Miami FL 33166			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					· ·
0.0: 10	-t During	2e Mailine Address			12/23/1994 4. FEI Number Applied For
2. Principal Pi	ace of Business	2a. Mailing Address			
21		26 Suite Ant # etc			65-0571376   Not Applicable   \$8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required
City & State		27 City 9 State	City & State		
<del></del> ;		<b>─</b> ′			6. Election Campaign Financing Trust Fund Contribution  Solution  \$5.00 May Be Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible
	25	29 30	¬ .		Personal Property Tax.
24	9. Name and Address of Current		<u>,,                                   </u>		10. Name and Address of New Registered Agent
	5. Name and Address of Current	Kediateten Adeut	81	Name	
SCHWEIGER, MARIAN A					3/1/16
999 PONCE DE LEON BLVD.			82		Address (P.O. Box Number is Not Acceptable)
SUITE 1000			83	40	01 NE 125 STREET
	AL GABLES FL 33134		"		
			84	City	U. MIAMI FL 85 Zip Code 61
11. Purply to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-pared composation 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature)				t signature rec	required when reinstating) DATE
12.	. OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PO	☐ DELETE	1.1 TITLE	İ	Change Addition
NAME	LENARDSON, RICHARDSON		1.2 NAME		•
STREET ADDRESS	8214 NW 64TH ST	•	1.3 STREE	T ADDRESS	,
CITY-ST-ZIP	MIAMI F,		1.4 CITY-S	T-ZIP	
TITLE	VTS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LENARDSON, ROSINA		2.2 NAME	ľ	
STREET ADDRESS	8214 NW 64TH ST		2.3 STREE	TADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-8	T-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LENARDSON, ROSINA		3.2 NAME		
STREET ADDRESS	44 NIM ACCTUANT		3.3 STREE	FADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL 33150		3.4. CITY-5	· ·	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME	İ	
STREET ADDRESS	·			TADDRESS	
			4.4 CITY-S		
TITLE		☐ D€LETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRESS	.
	•		5.4 CITY-S		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE			6.2 NAME		
NAME			6.3 STREE	TANDRESS	
STREET ADDRESS	protection care		1		

14. I 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, with all other like empowered.