

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 375.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

1996 DEC -2 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000032374 (7)

1. Corporation Name

PAN BUSINESS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

520 BRICKELL KEY DRIVE
SUITE 305
MIAMI FL 33131

520 BRICKELL KEY DRIVE
SUITE 305
MIAMI FL 33131



REINSTATEMENT

3. Date Incorporated or Qualified
04/25/1995

3a. Date of Last Report

2. Principal Place of Business
21 501 Brickell Key Drive

2a. Mailing Address
26 501 Brickell Key Drive

Suite, Apt. #, etc.

22 Suite 400

Suite, Apt. #, etc.

27 Suite 400

City & State

23 Miami, Florida

City & State

28 Miami, Florida

Zip

24 33131

Country

25 U.S.A.

Zip

29 33131

Country

30 U.S.A.

4. FEI Number

☒ 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

10. Name and Address of New Registered Agent

FERNANDEZ, EDUARDO
520 BRICKELL KEY DRIVE
SUITE 305
MIAMI FL 33131

81 Name
FERNANDEZ, EDUARDO
82 Street Address (P.O. Box Number is Not Acceptable)
501 Brickell Key Drive
83 Suite 400
84 City
Miami, FL 85 Zip Code
33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1108, 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

Signature, typed or printed name of registered agent and title (indicate)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME NETO, PEDRO D
STREET ADDRESS 520 BRICKELL KEY DRIVE #305
CITY - ST - ZIP MIAMI FL 33131

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Alves, Pedro
1.3 STREET ADDRESS 501 Brickell Key Drive, Suite 400
1.4 CITY - ST - ZIP Miami, Florida 33131

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME 200002020722
2.3 STREET ADDRESS -12/05/96--01027--023
2.4 CITY - ST - ZIP ***375.00 ***375.00

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)