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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P95000050645 (7)**

1. Corporation Name
AMERICAN PATHFINDERS INC.

Principal Place of Business	Mailing Address
28 WEST FLAGLER ST. SUITE 450 MIAMI FL 33130	28 WEST FLAGLER ST. SUITE 450 MIAMI FL 33130-1891

2. Principal Place of Business	2a. Mailing Address
21 28 WEST FLAGLER ST.	26 28 WEST FLAGLER ST.
Suite, Apt. #, etc. 22 SUITE#220	Suite, Apt. #, etc. 27 SUITE#220
City & State 23 MIAMI, FL.	City & State 28 MIAMI, FL.
Zip / Country 24 33130 / 25 DADE	Zip / Country 29 33130 / 30 DADE

3. Date Incorporated or Qualified: 06/28/1995
3a. Date of Last Report: 07/25/1996
4. FEI Number: APPLIED FOR 65-0589994 ☐ 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

LOPEZ, PEDRO J
530 S.W. 47TH AVE.
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name: PEDRO J. LOPEZ
82 Street Address (P.O. Box Number is Not Acceptable): 1315 S.W. 1ST AVENUE
83: APT.#2
84 City: MIAMI FL 85 Zip Code: 33130

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: PEDRO J. LOPEZ DATE: MARCH 18, 1997
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VALDEZ, BARBARA 35 SE 8 CALLE MIAMI FL ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT JOSE LUIS MONZON 2701 S.W. 65 AVENUE MIAMI, FL 33155 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SECRETARY PEDRO J. LOPEZ 1315 S.W. 1ST AVENUE MIAMI, FL 33130 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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.

SIGNATURE: PEDRO J. LOPEZ — MARCH 18,97 — (305)377-4546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D189914