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

CORPORATION ANNUAL REPORT

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 01 1998 8:00am

CR2E034 (10/97

Secretary of State DIVISION OF CORPORATIONS

Secretary of State 1998 DOCUMENT # P95000062718 (8) PAN ATLANTIC MOVING AND STORAGE, INC. Principal Place of Business Mailing Address 1835 BUCHANAN ST 1835 BUCHANAN ST **STE 103** STE 103 DO NOT WRITE IN THIS SPACE HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 3. Date Incorporated or Qualified 08/11/1995 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 65-0607034 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Zip Country Zıp Country This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ZIZEY, VICTOR 1835 BUCHANAN ST Street Address (P.O. Box Number is Not Acceptable) 82 **STE 103** HOLLYWOOD FL 33020 83 84 City Zip Code 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 Signature, typed or printed name of registured agent and title it applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PO DELETE Change Addition TITLE 1.1 TITLE ZIZEY, VICTOR NAME 1.2 NAME 1835 BUCHANAN ST, #103 STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADORESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 3.1 TITLE ☐ Change TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP

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 for 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, of on an attachment with an address.