

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

FILED

Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000083249 (9)

1. Corporation Name
PANAMERICAN HEALTHCARE CONSULTANTS, INC.



Principal Place of Business
3400 NE 192TH ST, APT 1702
N MIAMI BEACH FL

Mailing Address
3400 NE 192TH ST, APT 1702
N MIAMI BEACH FL 33180-2458

3. Date Incorporated or Qualified 10/31/1995
3a. Date of Last Report 05/28/1996

2. Principal Place of Business
21 6099 HOLLYWOOD BLVD.
Suite, Apt. #, etc.

2a. Mailing Address
26 6099 HOLLYWOOD BLVD.
Suite, Apt. #, etc.

4. FEI Number 65-0663135
Applied For Not Applicable

22 City & State HOLLYWOOD - FL

27 City & State HOLLYWOOD - FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Zip 33024 Country BROWARD

28 Zip 33024 Country BROWARD

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33024 25 BROWARD

29 33024 30 BROWARD

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
KAPILIVSKY, JACOBO
3400 NE 192TH ST, APT 1702
N MIAMI BEACH FL

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
6099 HOLLYWOOD BLVD.
83
84 City HOLLYWOOD FL 85 Zip Code 33024

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: *Jacob Kapilivsky*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KAPILIVSKY, JACOBO	
STREET ADDRESS	3400 NE 192TH ST, APT 1702	
CITY - ST - ZIP	N MIAMI BEACH FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	LOEBL, GABRIEL	
STREET ADDRESS	3400 NE 192TH ST, APT 1702	
CITY - ST - ZIP	N MIAMI BEACH FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	RECCIO, LOUISE	
STREET ADDRESS	3400 NE 192TH ST, APT 1702	
CITY - ST - ZIP	N MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6099 HOLLYWOOD BLVD
1.4 CITY - ST - ZIP	HOLLYWOOD, FL
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	6099 HOLLYWOOD BLVD.
2.4 CITY - ST - ZIP	HOLLYWOOD, FL
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	6099 HOLLYWOOD BLVD
3.4 CITY - ST - ZIP	HOLLYWOOD, FL
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JAMES DAVIS
4.3 STREET ADDRESS	6099 HOLLYWOOD BLVD.
4.4 CITY - ST - ZIP	HOLLYWOOD, FL 33024
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 changed, or on an attachment with an address.

SIGNATURE: *Jacob Kapilivsky*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97 (954) 963 6530
Date Daytime Phone #

CR2E034 (9/96)