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Apr 11 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 # P96000003766 (8)

1. Corporation Name
PAWA HOLDINGS, INC.



Principal Place of Business
2333 PONCE DE LEON BLVD., PH 1111
CORAL GABLES FL 33134

Mailing Address
2333 PONCE DE LEON BLVD., PH 1111
CORAL GABLES FL 33134-5422

3. Date Incorporated or Qualified 01/11/1996
3a. Date of Last Report

| | | |
|---------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business 21 9300 NW 36 St. Suite, Apt #, etc. | 2a. Mailing Address 26 9300 NW 36 St. Suite, Apt #, etc. | 4. FEI Number 65-0643834 Applied For Not Applicable |
| 22 City & State 23 MIAMI FL. | 27 City & State 28 MIAMI FL. | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24 33178 25 Country | 29 33178 30 Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| TITLE | D ALONSO, FERNANDO <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | GENERAL COUNSEL & CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ALONSO, FERNANDO | 1.2 NAME | JOHN J. OGILBY, JR. |
| STREET ADDRESS | 1221 BRICKELL AVENUE | 1.3 STREET ADDRESS | 9300 NW 36 ST. |
| CITY - ST - ZIP | MIAMI FL 33131 | 1.4 CITY - ST - ZIP | MIAMI, FL. 33178 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | PCEOD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2.2 NAME | MARTIN R. SHUGRUE, JR. |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 9300 NW 36 ST. |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | MIAMI, FL. 33178 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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, if changed, or on an attachment with an address.

SIGNATURE: John J. Ogilby, Jr. 3/27/97 305/673-3877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)