2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000044141

1. Entity Name

PANORGAN INTERNATIONAL, INC.

Mailing Address Principal Place of Business ... 1511 E COMMERCIAL BLVB 280 SE 11TH STREET SUITE-128 -POMPANO BEACH FL 33060 FT. LAUDEROALE FL 33334-5717

Apr 25, 2000 8:00 am Secretary of State

04-25-2000 90125 018 ***150.00



2. Principal Place of Business 3. Mailing Address			70066) INDEPENDED THE VALUE OF THE SECOND CONTRACT OF THE CONTRACT				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		7	DO NOT WRITE	IN THIS SI	PACE		
City & State City & State Fort Lauderd			lale FL	4. FE	4. FEI Number 65-0665626		⊢	plied For t Applicable	
Zip	Country	3 ^z 3307	Country USA		ertificate of Status Desired		8.75 Add ee Required		
	6. Name and Address of Current F	Registered Agent	-	7. Na	ame and Address of New Reg	Istered A	gent		
RENZ 280 S POM		Name Street Address (P.O. Box Number is Not Acceptable)							
			City			FL	Zip Code	e	
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office or regis	tered ager	nt, or both, in the State of Florid	la.			
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent signature requ	ired when rein	estating)	DATE			
3. This corporation is original to dation, the internation			FEE IS \$150.00 Fee will be \$550.00 to Department of S	State	10. Election Campaign Finan Trust Fund Contribution.		Added	0 May Be I to Fees	
11.	OFFICERS AND I	DIRECTORS	12.	ADD	DITIONS/CHANGES TO OFFICE	ERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HAEGELI, PETER 1511 E COMMERCIAL BLVD, SUI FT. LAUDERDALE FL 33334 VD	NAME STREET ADDRESS CITY-ST-ZIP			_	Change	Addition Addition		
NAME STREET ADDRESS CITY-ST-ZIP	BRUNNER HAEGELI, GERTRUD 1511 E COMMERCIAL BLVD, SUI FT. LAUDERDALE FL 33334	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RENZ, HEINZ 280 SE 11TH STREET POMPANO BEACH FL 33060	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, - 	- 3		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
13. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for t	he exemption stated in signature shall have the	i Section 1 he same le	19.07(3)(i), Florida Statutes. I fi egal effect as if made under oa	urther cert th; that I a	tify that the i im an officer	ntormation 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 11 or Block 12 if changed, or on an attachment with an appears, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR