2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000051231

1. Entity Name
PAN AMERICAN LAND, INC.

FILED
02 APR 29 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2300 CORAL WAY SUITE 200 MIAMI FL 33145	2300 CORAL WAY SUITE 200 MIAMI FL 33145

2. Principal Place of Business	3. Mailing Address
2199 Ponce De Leon Blvd.	2199 Ponce De Leon Blvd.
Suite, Apt. #, etc. Suite # 200	Suite, Apt. #, etc. Suite # 200
City & State Coral Gables, Florida	City & State Coral Gables, Florida
Zip: 33134 Country: US	Zip: 33134 Country: US

4. FEI Number 65-0672475 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY MIAMI FL 33145	Name Street Address (P.O. Box Number is Not Acceptable) 200005396802--8 -05/01/02--01014--028 City ****150.00 FL ZIP Code ****150.00

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ AMADA CANTERA LOPEZ, PRESIDENT
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOPEZ-CANTERA, CARLOS C 7415 N.W. 7 STREET MIAMI FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX Change ☐ Addition 2199 Ponce De Leon Boulevard, Suite 200 Coral Gables, Florida 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LOPEZ-CANTERA, MARTA 7415 N.W. 7 STREET MIAMI FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX Change ☐ Addition 2199 Ponce De Leon Boulevard, Suite 200 Coral Gables, Florida 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOPEZ-CANTERA, MONICA 2300 CORAL WAY MIAMI FL 33145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX Change ☐ Addition 2199 Ponce De Leon Boulevard, Suite 200 Coral Gables, Florida 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOPEZ-CANTERA, CARLOS M 2300 CORAL WAY MIAMI FL 33145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX Change ☐ Addition 2199 Ponce De Leon Boulevard, Suite 200 Coral Gables, Florida 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOPEZ-CANTERA, VICTOR A 2300 CORAL WAY MIAMI FL 33145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX Change ☐ Addition 2199 Ponce De Leon Boulevard, Suite 200 Coral Gables, Fl 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/26/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)