

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000051231 1. Entity Name PAN AMERICAN LAND, INC.	
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04 APR 26 AM 11:15
TALLAHASSEE, FLORIDA

Principal Place of Business 2199 PONCE DE LEON BLVD SUITE #200 CORAL GABLES, FL 33134	Mailing Address 2199 PONCE DE LEON BLVD SUITE #200 CORAL GABLES, FL 33134
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02172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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 FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY SUITE 200 MIAMI, FL 33145

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* **AMADA CANTERA LOPEZ** 4/20/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ-CANTERA, CARLOS C 2199 PONCE DE LEON BLVD, SUITE 200 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOPEZ-CANTERA, MARTA 2199 PONCE DE LEON BLVD, SUITE 200 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ-CANTERA, MONICA 2199 PONCE DE LEON BLVD, SUITE 200 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ-CANTERA, CARLOS M 2199 PONCE DE LEON BLVD, SUITE 200 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ-CANTERA, VICTOR A 2199 PONCE DE LEON BLVD, SUITE 200 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

[Handwritten] 400034145354
04/27/04--01078--023 **150.00

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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/04
Date

Daytime Phone #

CARLOS LOPEZ CANTERA