FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
03 MAY -1 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000051231

1. Entity Name

PAN AMERICAN LAND, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: FLORIDA ANNUAL REPORT SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable): 2300 CORAL WAY

SUITE 200

City: MIAMI **FL** Zip Code: 33145

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 4/29/03

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PD	TITLE	
NAME	LOPEZ-CANTERA, CARLOS C	NAME	600018451836
STREET ADDRESS	2199 Ponce De Leon Blvd., Suite 200	STREET ADDRESS	05/07/03--01056--007 **150.00
CITY-ST-ZIP	Coral Gables, FL 33134	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	LOPEZ-CANTERA, MARTA	NAME	
STREET ADDRESS	2199 Ponce De Leon Blvd., Suite 200	STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33134	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	LOPEZ-CANTERA, MONICA	NAME	
STREET ADDRESS	2199 Ponce De Leon Blvd., Suite 200	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	Coral Gables, FL 33134	CITY-ST-ZIP	**IN THIS SPACE**
TITLE	D	TITLE	
NAME	LOPEZ-CANTERA, CARLOS M	NAME	
STREET ADDRESS	2199 Ponce De Leon Blvd., Suite 200	STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33134	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	LOPEZ-CANTERA, VICTOR A	NAME	
STREET ADDRESS	2199 Ponce De Leon Blvd., Suite 200	STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33134	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

$87.50

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-17-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Carlos C. Lopez-Cantera, President

CR2E034B (12/01)