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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000366972

Pan Airlines Corgo, Inc. Principal Place of Business Mading Address 1740 NW 96th Ave. 1740 NU 96th Are. Migmi, FL 33172 Mioni, FL 33172 3. Date Incorporated or Qualified 3a. Date of Last Report Acrest 8, 1996 2. Principal Place of Business 2a. Mailing Address Applied For 65-0700103 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 26 23 Country 8. This corporation has liability for intangible tax under s. 199,032, Yes X No Florida Statutes 30 25 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Scott G. Villanuara 82 Street Address (P.O. Box Number is Not Acceptable) 3405-B NW 72m Ave 83 Miani FL 38122 84 City Zip Code 85 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. Familiarly with, and appeals the obligations of, Section 607.0505, Florida Statutes. Scott G. Villanuary, Esq. SIGNATURE egistered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. Change ___ Addition TIL.E Mania del Coman Congial Discour 1.2 NAME 1740 MU 96th Are. Acades 1.3 STREET ADDRESS STREET ADDRESS Mim. PL 33172 Vicepes but Treasurer 1.4 CITY-ST-ZIP City St. 789 Change 21 TITLE Addition Am Lucia Obverniege 1740 NU 96th Die THE Societary 2.2 NAME 2 3 STREET ADDRESS STREET ADDRESS. Miani PZ 33172 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TILLE 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST-ZIP Citr-S* ___ Change Addition DELETE 41 TITLE HTE 4 2 NAME 1,444 4.3 STREET ADDRESS STREET ATOM 5 44 CITY - ST - ZIP ☐ Addition DELETE Change H'(E 51 TITLE 5.2 NAME MAMA 5.3 STREET ADDRESS SIFeE 54 CITY-ST-ZIP CELY S __ Change Addition TT DELETE 6.1 TITLE DF. F MAMI 6.3 STREET ADDRESS STORE LACINERS ***165.00

14. Lide hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information in monated 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 efficient or a rector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6.4 CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Apr 28 1997 8:00am

Secretary of State

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