FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jun 01 1998 8:00am Secretary of State

PAN AMERICAN FREIGHT COM	000008211 (9) NSOLIDATORS, INC.			
Principal Place of Business 8504 MW 66.81. WAMI EL 33166	Mailing Address 8504 MW 66-81. MAMLET 33166		DO NOT WRITE IN	
•			3. Date incorporated or Qualified	1
2. Principal Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	01/28/1997 4. FEI Number	Applied For
21 8518 N.W 66 St	26 SAME		65-0723707	Not Applicable
Suite, Apt #, etc.	Suite. Apt. #, etc.		•	\$8.75 Additional
22	[27]			Fee Required
City & State 23 Miami, FLORIDA.	Cily & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 33166 Z5 MIAMI-D		Country	This corporation owes or has paid Personal Property Tax due June 30). 🔲 Yes 🗌 No
9. Name and Address of Co	· · · · · · · · · · · · · · · · · · ·	81 Name	10. Name and Address of New Regis	stered Agent
	LUCIA P. HENAO	LU LU	JCIA P. HENAO	
			ress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33100	MIAMI, FLORIDA.33	83	.709 S.W 95 St.,	
•		84 City M3	IAMI	FL 85 33186
11. Pursuant to the provisions of Sections 607	7 0502 and 607 1508 Florida Statutes			
office or registered agent, or both, in the agent. I am familiar with, and except the office of the control of	State of Florida, Such change was auf	horized by the corpora la Statutes	tion's board of directors. I hereby accept t	he appointment as registered
SIGNATURE Signature, typed of yould be according to a			red when reinstaling)	24/98
	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE OP	X DELETE		/P/S/T	★ Change
NAME HENAO, BEATRIZ			JCIA P. HENAG	
STREET ADDRESS 8504 NW 66 ST. CITY-ST-ZIP MAMI FL 33166			518 N.W 66 St.,	ļ
TITLE DV	X DELETE	1.4 City - St - ZIP MI	IAMI, FLORIDA.33166	Change Addition
NAME HENAO EDUABDO	€ Descrip	22 NAME		onange Addition
STREET ADDRESS 8504 NV 66 ST.		2.3 STREET ADDRESS		}
CITY-ST-ZIP MIAMI FL 33166		2 4 CITY-ST-ZIP		
TITLE DST	K) DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME HENAO, LUCIA P		3 2 NAME		
STREET ADDRESS 8504 NW 60 ST		3 3 STREET ADDRESS		
CITY-ST-ZIP MIAMI EL-33166		3.4. CITY-ST-7IP		
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		ļ
STREET ADDRESS		4.3 STREET ADDRESS		
City-St-ZiP	DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE	□ netere	51 THLE 52 NAME		LI CHANGE LI AUDRION
NAME STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		5.3 STREET ADDRESS		
TITLE	DELETE	6.1 TITLE		Change Addition
NAME		62 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY - ST - ZIP		6.4 CITY-ST-ZIP		

I nereby 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 12 or Block 13 if changed, or on an attachment with an address.

4/24/98 305 597-9070