

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

FILED

Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000030450 (5)**

1. Corporation Name
PANLON ENTERPRISES I, INC.

Principal Place of Business
**1450 MADRUGA AVENUE
SUITE 302
CORAL GABLES FL 33146**

Mailing Address
**1450 MADRUGA AVENUE
SUITE 302
CORAL GABLES FL 33146**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2950 Windmill Ranch Road Suite, Apt. #, etc. 22 City & State 23 Ft. Lauderdale, FL Zip 24 33331 Country 25 USA		2a. Mailing Address 26 2950 Windmill Ranch Rd Suite, Apt. #, etc. 27 City & State 28 Ft. Lauderdale, FL Zip 29 33331 Country 30 USA		3. Date Incorporated or Qualified 04/03/1997	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent TEMCHIN, ILENE 1450 MADRUGA AVENUE SUITE 302 CORAL GABLES FL 33146		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 328 MINORCA AVENUE 83 SECOND FLOOR 84 City CORAL GABLES 85 Zip Code FL 33134	
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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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOROWITZ, EDDIE ADRIAN	1.2 NAME	TEMCHIN, ILENE
STREET ADDRESS	2950 WINDMILL RANCH ROAD	1.3 STREET ADDRESS	328 MINORCA AVE, 2 FLOOR
CITY-ST-ZIP	FT LAUDERDALE FL 33331	1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	900002551589
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-06/08/98--01107--019
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 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

SIGNATURE: *Ilene Temchin*

4/27/98

CR2E034 (10/97)