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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

Apr 30 1998 8:00am

Secretary of State

4/20/90

DOCUMENT # P97000047126 (2)

PAN AM ENTERPRISES, INC.

|   |                                     | - 10300 3UNSET BRIVE                 |                            | DO NOT WRITE IN THIS SPACE   |                                |
|---|-------------------------------------|--------------------------------------|----------------------------|--|--------------------------------|
|   |                                     |                                      |                            | 3. Date Incorporated or Qualified 05/24/1997   |                                |
| 2. Principal F  | Place of Business                   | 2a. Mailing Address                  |                            | 4. FEI Number  | Applied For                    |
| 21 3240   | NW 72nd. Ave.                       | 26 3240 NW 72nd                      | . Ave.                     | 65-0757469   | Not Applicable                 |
| Suite, Apt.   | #, etc.                             | Suite, Apt. #, etc.                  |                            | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required |
| City & State  |                                     | City & State                         |                            | 6. Election Campaign Financing   | \$5.00 May Be                  |
| 23 Miami Fl Country   |                                     | 28 Miami, FL Country                 |                            | Trust Fund Contribution  |                                |
| 24 33122-1318 25 Dade   |                                     | Zip Country 29 33122~1318 30 Dade    |                            | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  |                                |
| 3015  | 9. Name and Address of Curre        |                                      | ol pade                    | 10. Name and Address of New Regist   |                                |
| LODGIRO, JOSE   |                                     |                                      | 81 Name                    |  |                                |
|   | 300 SUNSET DRIVE                    |                                      | 82 Street Ad               | lce M. Rubiera Idress (P.O. Box Number is Not Acceptable)  |                                |
| SUITE 360-  |                                     |                                      | 160                        | 65 NW 14th. Terr.  |                                |
| MIAMI FL 33173  |                                     |                                      | 83                         |  |                                |
|   |                                     |                                      | 84 City                    |  | 85 Zip Code                    |
| 44 6  | 1. 1                                | 00 - 1007 4500 Ft. : 1- O            |                            | mestead  | FL   33030                     |
| 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  4/20/48.  |                                     |                                      |                            |  |                                |
| SIGNATURE    Signature typid or printed have of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  |                                     |                                      |                            |  |                                |
| 12.   | OFFICERS AI                         | ND DIRECTORS                         | 13.                        | ADDITIONS/CHANGES TO OFFICER   | S AND DIRECTORS IN 12          |
| TITLE   | D                                   | ☐ DELETE                             | 1.1 TITLE                  |  | Change Addition                |
| NAME  | RUBIERA, DULCE M                    |                                      | 1.2 NAME                   |  |                                |
| STREET ADDRESS  | 10300 SUNSET DRIVE                  |                                      | 1.3 STREET ADDRESS         |  |                                |
| CITY-ST-ZIP<br>TITLE  | MIAMI FL 33173                      | DELETE                               | 1.4 CITY - ST - ZIP        |  | Change Addition                |
| NAME  |                                     | otter                                | 2.1 TITLE<br>2.2 NAME      |  | Cligable D voortion            |
| STREET ADDRESS  |                                     |                                      | 2.3 STREET ADDRESS         |  |                                |
| CITY-ST-ZIP   |                                     |                                      | 2. 4 CITY-ST-ZIP           |  | **:                            |
| TITLE   |                                     | ☐ DELETE                             | 3.1 TITLE                  | · · · · · · · · · · · · · · · · · · ·  | Change Addition                |
| NAME  |                                     |                                      | 3.2 NAME                   |  |                                |
| STREET ADDRESS  |                                     |                                      | 3.3 STREET ADDRESS         |  |                                |
| CITY-ST-ZIP   |                                     |                                      | 3.4. CITY-ST-ZIP           | · · · · · · · · · · · · · · · · · · ·  |                                |
| TITLE   |                                     | DELETE                               | 4.1 TITLE                  |  | Change Addition                |
| NAME  |                                     |                                      | 4. 2 NAME                  |  |                                |
| STREET ADDRESS  |                                     |                                      | 4 3 STREET ADDRESS         |  |                                |
| CITY-ST-ZIP<br>TITLE  |                                     | DELETE                               | 44 CITY-ST-ZIP<br>51 TITLE | <del>-</del> -   | Change Addition                |
| NAME  |                                     |                                      | 5.2 NAME                   |  | C change C reamon              |
| STREET ADDRESS  |                                     |                                      | 5.3 STREET ADDRESS         |  |                                |
| CITY-ST-ZIP   |                                     |                                      | 5.4 CITY-ST-ZIP            |  |                                |
| TITLE   |                                     | DELETE                               | 6.1 TITLE                  |  | Change Addition                |
| NAME  |                                     |                                      | 6.2 NAME                   |  |                                |
| STREET ADDRESS  |                                     |                                      | 6.3 STREET ADDRESS         |  |                                |
| CITY-ST-ZIP   |                                     |                                      | 6.4 CITY-ST-ZIP            |  |                                |
| indicated   | on this annual report or supplement | tal annual report is true and accur- | ate and that my signa      | in Section 119.07(3)(i), Florida Statutes. I furti<br>ture shall have the same legal effect as if ma | ide 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.  |                                     |                                      |                            |  |                                |