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

PAN AMERICAN INVESTMENTS				11/8: AUR 11/11 BAID 11/1 JAB
Principal Prace of Business	Mailing Address		- I ARDINEDI AND NENN ARTIN ORNIA BRINI DENA P	#1481 18184 IB141 #4848 1841 1681
8235 N.W. BO ST.	8235-17W-68 ST.			
MIAMI EL 33166	MIAMI FL 33166		·	
			DO NOT WRITE IN TH	IS SPACE
			3. Date Incorporated or Qualified	;
2. Principal Place of Business	2a. Maring Address		07/03/1997 4. FEI Number	
21 10850 SW 113 PL	26 SAME		65-0769590	Applied For Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.			\$8.75 Additional
22 206- 20-7	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Flection Campaign Financing	\$5.00 May Be
23 MIAMI FLA	28		Trust Fund Contribution	Added to Fees
Zip Caucity 24 33176 - 3283 25 UJ A	Z(ρ : Τ)	Country	8. This corporation owes or has paid the	
24 33/76 - 3283 25 UJ /1 9. Name and Address of Curre	[29] ent Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No
HENAQ, EDIJARDO	on registered rigent	81 Name		
44700 000 05 07			HENRO EDUAR PO 50 iress (P.O. Box Number is Not Acceptable)	<u> </u>
MIAMI FL 33166		82 Street Add	36 Sw 163 PL.	
		83		
		84 City		as Zip Code
•			liaely fr F	L ဳ อิ๊รเก๊
agent Tam familiar with, and accept the obli	te of Florida. Such change was a gations of, Section 607.0505, Po	authorized by the corpora prida Statutes.	ition's board of directors. If hereby accept the a	ppointment as registered
Signature type for probed none of region of the State of	nentas Errestagos ao (NOII) NO DIRECTORS	Hage-letro Agent signature requ	ADDITIONS/CHANGES TO OFFICERS A	
TITLE PRES.	DOTATE	1.1 TOLE	TIBELLA TO CONTROLLED	Cnange Addition
NAME SOURCE THE	CAU	1.2 NAML		
STREET ADDRESS 10850 5 W 113	br 20116306-1	13 STREET ADDRESS		
	5 176	1.4 Crty - St - ZiP		
TITLE	☐ DELETE	2 1 7111.6		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
City-St-ZiP	The second	2.4 CHY-ST-ZIP		Change 1449
TITLE	. DELETE	3.1 TITLE		Change Addition
NAME OVOCCT ADDRESS		3.2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		Í
CITY-ST-ZIP	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME	<u> </u>	4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		ļ
CITY-ST-ZIP		4.4 CITY - ST - ZIP		ļ
TITLE	DETETE	5 1 1HTLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-\$1-ZIP		5.4 C(1Y- S1- ZIP		
TITLE	☐ DELETÉ	6.1 TITLE		Change Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY - ST - ZIP		

14. Thereby certify that the information supplied with this filting 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 offect as if made under eath; that I am an officer or director of the corporation or the receiver or trustice empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

I fame

2E034 (10/97)

FILED

Jun 04 1998 8:00am

Secretary of State