2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P97000095880 DOCUMENT

1. Entity Name



FILED Mar 21, 2003 8:00 am Secretary of State

03-21-2003 90115 041 ***150.00

PAN APPARELS	S USA, INC.					
Principal Place of Business 5500 POINSETTA AVE. #8 WEST PALM BEACH FL 33408		Mailing Address 5500 POINSETTA AVE. #8 WEST PALM BEACH FL 334	06			
2. Principal Place of Business		3. Mailing Address		I 1980/1980/ LID 1861/ (BBIL BBIL) BBILL BBILL BBILL BBILL BBILL	1 16 (0) 4 (1 H) (8 (8) 10 (1 4 5 (1 1 1 2 1)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0796274	Applied For Not Applicable	
Zip -	Country -	Zip	_Country	5. Certificate of Status Desired	\$8.75 Additional	
	lame and Address of Current R	enistered Agent		7. Name and Address of New Registered	d Agent	
	Maine and Address of Correlative	ogiotorea rigeria	Name			
BAHAL, ARVI 5500 POINSETTA AVE. #8 WEST PALM BEACH FL 33408			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
			City	F	I	
the obligations of	registered agent.		egistered office or regi	stered agent, or both, in the State of Florida. I an	n familiar with, and accept	
SIGNATURE	, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature req	guired when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND I		11.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE P NAME BAHA STREET ADDRESS 5500	AL, ARVI POINSETTA AVENUE, #8	☐ Delete	TITLE NAME STREET ADDRESS CUT - ST. 7/P		☐ Change ☐ Addition	
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TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I 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 indicated on this report or supplemental 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 redeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

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