

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90143 009 \*\*\*150.00

**Profit  
Corporation  
Annual Report  
2000**

**DOCUMENT # P98000028242**

1. Corporation Name

**PAN AMERICA MEDIA OF PALM BEACH, INC.**

**B0089092**

Principal Place of Business

Mailing Address

**4360 NORTHLAKE BLVD., STE. 205  
PALM BEACH GARDENS FL 33410**

**1531 SE HARMONY CT.  
PORT SAINT LUCIE FL 34952**

3. Date Incorporated or Qualified

**03/26/1998**

2. Principal Place of Business

2a. Mailing Address

4. FEI NUMBER

**65-0834626**

Suite, Apt. #, etc

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

City & State

City & State

6. Election Campaign Financing ☐  
Trust Fund Contribution

Zip

County

ZIP

County

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ YES ☐ NO

9. Name and Address of Current Registered Agent

10. Name and Address of New registered Agent

**GARY F. LEVIGNE  
THE BUSINESS SUPERSTORE  
1515 UNIVERSITY DR., STE. 207  
CORAL SPRINGS FL 33071**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip

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

Signature, typed or printed of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITION/CHANGES TO OFFICERS AND DIRECTIONS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DP  
GONZALEZ, RAYMUNDO  
1531 SE HARMONY CT  
PORT SAINT LUCIE FL 34952**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 that my signature shall have the same legal effects 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; Block 12 or Block 13 if changed, or on an attachment with an address, with all the other empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Raymundo Gonzalez* 4/29/00 305.398.5309