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May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90010 018 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000050082

1. Corporation Name  
PANOMA, INC.

Principal Place of Business

Mailing Address

601 BRICKELL KEY DRIVE  
SUITE 805  
MIAMI FL 33131

601 BRICKELL KEY DRIVE  
SUITE 805  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1998

4. FEI Number

65-0840918

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLEN & GALEGO  
601 BRICKELL KEY DRIVE  
SUITE 805  
MIAMI FL 33131

81 Name

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

83

84 City

FL

85 Zip Code

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	DELETE
NAME	Nora Schofield	
STREET ADDRESS	601 BRICKELL KEY DR., STE 805	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	VP	DELETE
NAME	MARY ANNE Schofield C.	
STREET ADDRESS	601 BRICKELL KEY DR. STE 805	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	VP	DELETE
NAME	NORA SCHOFIELD C.	
STREET ADDRESS	601 BRICKELL KEY DR, STE 805	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	VP	DELETE
NAME	PATRICIA SCHOFIELD C.	
STREET ADDRESS	601 BRICKELL KEY DR, STE 805	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	SPECIAL SECRETARY	DELETE
NAME	ROBERT N. ALLEN, JR.	
STREET ADDRESS	601 BRICKELL KEY DR, STE 805	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Change Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert N. Allen, Jr.

4/27/99 (305) 372-3380  
Date Daytime Phone #

CR2E034 (11/98)