


03021999-90112-041-\$150.00-\$150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$300.00

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90112 041 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS																					
<b>DOCUMENT # P98000083137</b> 1. Corporation Name <b>PAN AMERICAN DISTRIBUTORS, INC.</b>																									
Principal Place of Business <b>3315 N.E. 15TH STREET</b> <b>FT. LAUDERDALE FL 33304</b>			Mailing Address <b>3315 N.E. 15TH STREET</b> <b>FT. LAUDERDALE FL 33304</b>																						
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <b>09/24/1998</b> 4. FEI Number <b>65-0873032</b>																					
24 9. Name and Address of Current Registered Agent <b>BEISLER, ANTHONY J III</b> <b>1001 N.E. 28TH STREET</b> <b>FT. LAUDERDALE FL 33305</b>		29 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75-Additional Fee Required</b> 6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																					
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____ Signature, typed or printed name of registered agent and title if applicable.																									
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td><b>D</b></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td><b>MOULE-CASE, ANNE</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>3315 N.E. 15TH STREET</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>FT. LAUDERDALE FL 33304</b></td> <td></td> </tr> </table>			TITLE	<b>D</b>	<input type="checkbox"/> DELETE	NAME	<b>MOULE-CASE, ANNE</b>		STREET ADDRESS	<b>3315 N.E. 15TH STREET</b>		CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33304</b>		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> </tr> </table>			1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE																							
NAME	<b>MOULE-CASE, ANNE</b>																								
STREET ADDRESS	<b>3315 N.E. 15TH STREET</b>																								
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33304</b>																								
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																								
1.2 NAME																									
1.3 STREET ADDRESS																									
1.4 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

Date

Daytime Phone #

CR2ED34 (1/1/98)