

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 SEP 16 PM 4:12

DOCUMENT # **S03038** (4)

1. Corporation Name  
**PANA-LAM INTERNATIONAL CORP.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address  
**3315 S.W. 114 CT.  
MIAMI FL 33165-3329** **3315 S.W. 114 CT.  
MIAMI FL 33165-3329**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	9459 S.W. 5LAVE	26	P.O. BOX 654825	10/01/1990	02/28/1995
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4. FEI Number	Applied For
23	MIAMI, FLORIDA	28	MIAMI, FLORIDA	65-0221308	<input checked="" type="checkbox"/> Not Applicable
24	33174	29	33265-4825	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
25	DADE	30	DADE	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LAM, JUDY E 3315 S.W. 114 CT. MIAMI FL 33165-3329				B1	Name		
				B2	Street Address (P.O. Box Number is Not Allowed)		
				B3	City		
				B4	FL	B5	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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Judy E. Lam* JUDY E. LAM PRESIDENT July 11/1996

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAM, JUDY E.			12 NAME	LAM, JUDY E.		
STREET ADDRESS	3315 SW 114TH COURT			13 STREET ADDRESS	9459 S.W. 5LAVE		
CITY-ST-ZIP	MIAMI FL 33165			14 CITY-ST-ZIP	MIAMI, FLORIDA 33174		
TITLE	VD	<input type="checkbox"/> DELETE		21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DARIN, SOFIA C.			22 NAME	DARIN, SOFIA C.		
STREET ADDRESS	3315 SW 114TH COURT	9459 S.W. 5LAVE		23 STREET ADDRESS	P.O. BOX 654825	9459 S.W. 5LAVE	
CITY-ST-ZIP	MIAMI FL 33165	MIAMI, FL 33174		24 CITY-ST-ZIP	MIAMI FL. 33265-4825	MIAMI, FL. 33174	
TITLE		<input type="checkbox"/> DELETE		31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY-ST-ZIP				34 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Judy E. Lam* PRESIDENT July 11/96 (305) 559-9337

CR2E034 (3/96)