FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # S19562

1, Corporation Name

(5)

PANAMERICAN ALL TRADING SERVICES, CORP.

Principal Place of Business 2301 COLUNS AVE., #526A

SIGNATURE:

Mailing Address

2301 COLLINS AVE., #526A MIAMI BCH, FL 33139-1634 FILED Feb 03 1997 8:00am Secretary of State



MUMINI DON. FL	30139	Mirrial Coll. 12 00100 1001			
				Date Incorporated or Qualified 12/17/1990	3a. Date of Last Report 01/26/1996
2. Principa! Pla 21 2301	Colling Ave.	2a. Mailing Address	lins AU	65-0231849	Applied For Not Applicable
Suite, Apt. 1		Suite, Apt. #, etc.	7	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	mi Bch, #L	City & State 28 Miami	PChIFL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 うろ1	39 25 USA	Zip 29 33139 30	Country	This corporation has liability for Florida Statutes	or∕ntangible tax under s. 199.032, ☑ Yes ☐ No
	g. Name and Address of Current			10. Name and Address of New F	egistered Agent
MUR	ILLO, JORGE		81 Name	murilla lace	70
AND COLUMN AVENUE & FROM				Address (P.O. Box Number is Not Accept	
MIAMI BEACH FL 33139			83 230		1010A
			84 City	MPami BCH	FL 85 Zip Code 139
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 familiae with and accept the attiguitions of, Section 607.0505, Fjorida Statutes.					
SIGNATURE"	Sc	orgemurilla			1-3-41
	Signalure, typod or printed flame of registered agont		Registered Agent signature		DATE
12.	OFFICERS AND	DELETE	13. 1.1 TITLE	17)	FICERS AND DIRECTORS IN 12
TITLE	MURILLO, JORGE	ET DECER	1.1 THE 1.2 NAME	murillo, sorae	
NAME .	2301 COLLINS AVE., #526A		1.3 STREET ADDRESS	murillo, Jorge 2301 COLLINS F	700. #1610A
STREET ADDRESS	MIAMI BCH. FL 33139			MIAMI BOLL EL	33130
CITY-ST-ZIP TITLE	D D	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	MIAMI DCH, FL	L Ghange Addition
NAME	OROZCO, ADRIANA	beere	•		
STREET ADDRESS	2301 COLLINS AVE., #526A		23 STREET ADDRESS	ORDZCO, ADRIAN 2501 COLLINGA	WE, HILLIOA
CITY-ST-7IP	MIAMI BCH. FL		2 4 CITY-ST-ZIP	MIAMI BOHL FL	33 39
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME		_	32 NAME		• • •
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY+ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CtTY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		4. 14. 10
14. I do 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.					

INING OFFICER OR DIRECTOR