1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90048 002 ***150.00

D	0	CU	ΜE	NT	#	S27	7241
	_						, – T 1

1. Corporation Name

J. M. PANDO, INC.

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Principal Place of Bu	usiness	Mailing Address				
13681 SW 55 TERR	Chance	13681 SW 55 JERR Char	14 C			
MIANUFE 33175	change	MIAMI-PE 33175	,	DO NOT WRIT	TE IN THIS SPAC	Œ
	•			3. Date Incorporated or Qualifed		
				01/25/1991		
2. Principal Place of	f Business	2a. Mailing Address	- / Was			Applied For
<u> </u>	01 SW 66 195T.	1420/ 9	SW 66 451.	65-0237558	[Not Applicable
Suite, Apt, #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	1 1	.75 Additional
22 4/5	: 405	27 195.4	<u>05 </u>	5. Certificate of Status Desired	r	Fee Required
City & State	. =	City & State	B	6. Election Campaign Financing	1 1	5.00 May Be
23 M.An	Country	28 M.YMI	Country	Trust Fund Contribution		Added to Fees
コ ^{Zip} うみん	S Country A	Zip 3318ラ 30	ILA	This corporation owes the curre Personal Property Tax.	eni year intangibi Ye	
24 7518	Name and Address of Current	11		10. Name and Address of New F		
<u>y.</u>	Name and Address of Content	Tregletered Agent	81 Name			
PANDO, J	OSE M		82 Street Addre	ess (P.O. Box Number is Not Accepta	able)	
	LSS TERR CHANGE	•	oz Street Addre	201 SW 66 to	<u> </u>	
MIAMI FL	33175		83	1/05		
			84 City	<u> </u>	85	Zip Code
			M	pration submits this statement for the	FL [_	33/83
agent. I am fam SIGNATURE	iliar with, and accept the obligati	ons of, Section 607.0505, Flonda S	statutes.	n's board of directors. I hereby accep	DATE	
	re, typed or printed name of registered agent OFFICERS AND		tered Agent signature required	ADDITIONS/CHANGES TO OF		RECTORS IN 12
TITLE D	OFFICERS AND		,1 TITLE	ADDITIONS/GINANGES TO GE		hange
-	IDO, JOSE M.	1	.2 NAME		4 —	
	81_SW-55_TERR	1	.3 STREET ADDRESS	14201 SW 66E	′ タブ・ お	+ 405
	MI FL	1	4 CITY-ST-ZIP	142015W 66E Migni, FZ.	33183	•
TITLE			.1 TITLE	-	c	Change
NAME		2	2 NAME			i
STREET ADDRESS		2	.3 STREET ADDRESS			
CITY-ST-ZIP			. 4 CITY-ST-ZIP			
TITLE		DELETE 3	L1 πnle	•	- -	Change - Addition-
NAME		3	3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
C/TY-ST-ZIP		44.400	A. CITY-ST-ZIP			Change Addition
TITLE		-	I.1 TITLE			viende 🗆 vacinon
NAME			. 2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			I.4 CITY-ST-ZIP			Change Addition
TITLE			52 NAME			5 —
NAME			3.3 STREET ADDRESS			
STREET ADDRESS			5.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	100 T		3.1 TITLE			Change
NAME		6	3.2 NAME			

CITY-ST-ZIP 14. I hereby certify that the information supplied with this tiling 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 suppliemental 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 of 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: ______

STREET ADDRESS

305.752.5320