FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S34535

(2)

PANTHER DEVELOPMENT GROUP, INC.

FILED
May 05 1997 8:00am
Secretary of State

Principal Place of Business 720 OCEAN DR MIAMI BCH FL 33139 US		Mailing Address 720 OCEAN DRIVE MIAMI BEACH FL 33139-6220 US			3. Date Incorporated or Qualified 3a. Date of Last Report				
						 Date Incorporated or Qualified 02/26/1991 		te of Last F 11/1996	Report
2. Principal Pi 21	ace of Business	2a. Mailing Address 26		i		4, FEI Number 65-0248532			pplied For ot Applicable
Suite, Apt	#, elc	Suite, Apt. #, etc.				6. Certificate of Status Desired		\$8.75	Additional equired
City & State)	City & State				6. Election Campaign Financing		\$5.00	May Be
23 Zip	Country	28 Zip	Cou	intry		Trust Fund Contribution 8. This corporation has liability for	r intangible		to Fees
24	25	29	30	·		Florida Statutes	Yes [] No	
	g. Name and Address of Current	Registered Agent		B1	Name	10. Name and Address of New F	legistered /	\gent	
GOL 201	D, ANDREW E D & MITCHEL, P.A. S BISCAYNE BLVD SUITE 1970 AI FL 33131			82 83 84	Street Add	dress (P.O. Box Number is Not Accept	able)	85 Zip	Code
11. Pursuant to office or magent. I all	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligation of the provision of the state of the st	ons of, Section 607,0505, I	Florida Sta	tutes), ;	rporation submits this statement for the ation's board of directors. I hereby accurred when reinstains?	purpose of ept the appo	changing i pintment as	its registered registered
12.	OFFICERS AND		13.	-		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 12
TITLE NAME STREET ADORESS CITY-ST-ZIP	DP HAEGER, JONAS 540 BRICKELL KEY DR #1227 MIAMI FL	☐ DELETE		AME	ADDRESS T-21P			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CLUNES, MARIA L.C. 540 BRICKELL KEY DR ∲1227 MIAMI FL	☐ DELETE	2.1 T 2.2 N 2.3 S	ITLE IAME TREET	ADDRESS ST - ZIP			Change	Addition
TITLE NAME STREET ADDRESS		☐ DELETE	3.1 T 3.2 N 3.3 S	ITLE AME TREET	ADDRESS			☐ Change	Additio
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	4.1 TI 4. 2 I 4.3 S	ITLE Name Treet	ADORESS		·· tt	☐ Change	Addition
CHY-ST-7IP THLE NAME STREET ADDRESS		☐ DELETE	5.1 T 52 N 53 S	IANIE TREET	ADDRESS		·····	Change	Additio
CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP		DELETE	6.1 T 6.2 N 6.3 S	ANE	address			Change	Additio

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 arguest report by 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 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 x change or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR

Jonas Haeger on President

04/21/97

Dale

305-531-5891

Daytime Phone #