Mailing Address

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **\$34535**

Principal Place of Business

PANTHER DEVELOPMENT GROUP, INC.

FILED								
Apr 26, 1999 8:00 am								
Secretary of State								
04-26-1999 90262 014 ***150.00								

540 BRICKELL F X30XX MIAMI FL 33131 US		XH X XXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX			DO NOT WRITE IN THIS SPACE 3. Date It corporated or Qualifed 02/26/1991				
2. Principa Place of Business		2a. Mailing Address			4. FEI Number				
21		26 9260 SW 72nd Street			65-0248532	Not Applicable			1
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 206			5. Certificate of Status Desired Fee Required				
22 Suite 1227 City & State		City & State						ı	
23		28 Miami, FL			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip Country 29 33173 30 Miami-Dad			8. This ct-rporation owes the current year intangible Person al Property Tax.				
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	l Agent	-		
			81	Name					
1701	D, ANDREW E BARNETT BANK TOWER		82	<u></u>	ress (P.O. Bo» Number is Not Acceptable)				
one east broward boulevard ft. Lauderdale FL 33301				3					
rı. L	AUDERDALE FL 33301		84	City	F	85	Zip C	ode	
office crre agent. ar SIGNATUFE	to the provisions of SECtions 607,0002 gigistered agent, or both, in the State ci m familiar with, and accept the obligate Signature, typed or printed has ne of registered agent	f Florida. Such change was authons of, Section 607.0505, Florida	Statutes	tne corporat	poration submi s this statement for the purpose of ion's board of directors. I hereby accept the apt of the other reinstating) DATE	pintmen	as reg	istered	ا ا
12.	OFFICERS ANI.		13.	- I agraturo raq	ADDITIONS/CHANGES TO OFFICERS	ND DIR	ECTO	RS IN 12	Ö
TITLE	DP OFFICE AND	DELETE	1.1 TITLE				hange	Addition	1.
NAME	HAEGER, JONAS	1.21							2
STREET ADDRESS	540 BRICKELL KEY DR #1227	1.3 ST		T ADDRESS					Ü
CITY-ST-ZIP	MIAMI FL	1.4 CIT		ST-ZIP					ှိ
TITLE	DVP	DELETE 2.1 TIT					hange	Addition	١,
NAME	CLUNES, MARIA L.C.	2.2 N							
STREET ADDRESS	TO BINOTIES ILL DIT # TELL		2.3 STREE	ET ADDRESS					
CITY-ST-ZIP	MIAMI FL			ST-ZIP			hange	Addition	
TITLE		☐ DELETE 3.1 TIT					lango		
NAME			3.2 NAME	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			3.4 CITY-	į					
TITLE		☐ DELETE	41 TITLE			C	hange	Addition	
NAME			4. 2 NAME						
STREET ADDRESS			43 STREE	ET ADDRESS					
CITY-ST-ZIP			4.4 CITY-	ST-ZIP					
TITLE		☐ DELETE 51TIT					hange	☐ Addition	
NAME			5.2 NAME						
STREET ADDRESS			i	ET ADDRESS					
CITY-ST-ZIP		Checter	54 CITY-	ST-ZIP			hange	Addition	-
TITLE		☐ DELETE	6.2 NAME				nanye	☐ Madition	
NAME				ET ADDRESS					
STREET ADDRESS			0.3 SIKE	LIADURESS					1

14. I heret y certify that the informa ion supplied with this filing does not qualify for the exemption stated in Section 119.0; (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 received extrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changer, or on an attaction in the received extrustee empowered.

SIGNATURE: __

Jonas Haeger-Pres.