

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:47

DOCUMENT # **S53796** (6)

1. Corporation Name
PAN ATLANTIC CONSOLIDATORS INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
% ORLANDO A. VAZQUEZ 8239 N.W. 66 ST MIAMI FL 33166 US	% ORLANDO A. VAZQUEZ 8239 N.W. 66 ST MIAMI FL 33166 US

3. Date Incorporated or Qualified 05/17/1991	3a. Date of Last Report 01/19/1994
4. FEI Number 59-3069700	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

VAZQUEZ, ORLANDO A.
13154 S.W. 20TH TERR.
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name		
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City	85 FL	86 Zip Code

11. Pursuant to the provisions of Sections 607.0270 and 607.1500, 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. Thereby accept this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0205, Florida Statutes.

SIGNATURE _____ (Name of current registered agent or the corporation) _____ (Name of new registered agent or the corporation)

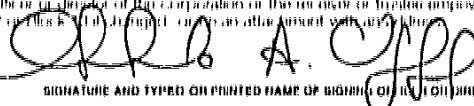
12. OFFICERS AND DIRECTORS

1. NAME	D VAZQUEZ, ORLANDO A.
2. STREET ADDRESS	13154 S.W. 20 TERR.
3. CITY, ST, ZIP	MIAMI FL
4. NAME	
5. STREET ADDRESS	
6. CITY, ST, ZIP	
7. NAME	
8. STREET ADDRESS	
9. CITY, ST, ZIP	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	
14. STREET ADDRESS	
15. CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. STREET ADDRESS	
3. CITY, ST, ZIP	217-33125
4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS	
6. CITY, ST, ZIP	
7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS	
9. CITY, ST, ZIP	
10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS	
15. CITY, ST, ZIP	

14. I declare, certify, that the information reported with this filing is voluntarily furnished and correct and qualify for the exemption stated in Section 199.032, 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 available as a director of the corporation in the event a written instrument is presented to exercise this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with this report.

SIGNATURE:  **A. Vazquez**
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

1/9/95
717-9954