

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S93313 (2)**

1. Corporation Name

Pan American Packaging, Inc.

Principal Place of Business

Mailing Address

2801 Ponce de Leon
Suite 460
Coral Gables, FL 33134

2801 Ponce de Leon
Suite 460
Coral Gables, FL 33134

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

Karen Mast
600 Parkview Drive
#527
Hallandale, Florida 33009-2972

3. Date Incorporated or Qualified
11/12/91

3a. Date of Last Report
04/19/95

4. FLI Number
65-0328341

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name
Pearson & Mayer, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)
2474 S.W. 27 Terrace

83

84 City
Miami

FL

85

Zip Code
33133

11. Pursuant to the provisions of Sections 607.0502 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Pearson & Mayer, P.A., By: Stephen D. Pearson, President 06/26/96

Signature, typed or printed name of registered agent and title if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME President
STREET ADDRESS Karen Mast
CITY- ST- ZIP 600 Parkview Drive, Hallandale, FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Rosendo Lima
1.3 STREET ADDRESS 2801 Ponce de Leon
1.4 CITY- ST- ZIP Coral Gables, FL 33134

2.1 TITLE Treasurer and Secretary ☐ Change ☒ Addition
2.2 NAME Rosendo Lima
2.3 STREET ADDRESS 2801 Ponce de Leon
2.4 CITY- ST- ZIP Coral Gables, FL 33134

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE:

Rosendo Lima

06/26/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

FILE NO./PAGE NO.

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