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

PROFIT CORPORATION



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

ANNUAL REPORT
1996

DOCUM 1. Corporation i	Name	32	(3)								
PANOF	RAMA PROPERTIES, INC.										
Principal Place of	of Business	M	alling Address				-				
1818 SHERIDAN ST SUITE 101 HOLLYWOOD FL 33020 US			1818 SHERIDAN ST SUITE 101 HOLLYWOOD FL 33020 US								
							3. Date Incorporated or Qualified 11/14/1991	or Qualified 3a. Date of Last Report 05/01/1995			
2. Principal Place of Business			ı, Mailing Address				4. FEI Number 65-0297999				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		<b>+</b>	Additional Required	
City & State		28	City & State				Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees	
Zip	Country 25	29	Zıp	30	intry	,	8. This corporation has liability for Florida Statutes Yes	intangible	tax under s	199.032,	
<u> </u>	9. Name and Address of Curre		tered Agent	13.71			10. Name and Address of New F	legistered	i Agent		
					81	Name					
Wagner, Margrit 1330 Hollywood Blvd.					82		iss (P.O. Box Number is Not Acceptat	ole)			
HOLLYV	NOOD FL 33019				83						
					84	City		FI	85 Zip	p Code	
or registere	o the provisions of Sections 607.050 ad agent, or both, in the State of Flon n, and accept the obligations of, Sec	ida. Suci	h chanoe was authorize	ed by the	corp	named corpora oration's board	ation submits this statement for the purd of directors. I hereby accept the app	rpose of cl ointment a	hanging its re is registered	egistered office agent. I am	
SIGNATURE _	Signature, typed or printed name of registered age:	ot noa fillo il	applicable (NO	TL - Projetova	d Ago	nt signature required	when relies street	DATE			
12.	OFFICERS AN		-11	13.	unge	in signature required	ADDITIONS/CHANGES TO OFF		ID DIRECTO	RS IN 12	
TITLE	D		DELETE	1.1	TITLE				☐ Change	☐ Addition	
NAME	WAGNER, MARGRIT				IAME						
STREET ADDRESS	1330 HOLLYWOOD BLVD.					T ADDRESS					
CITY-ST-ZIP TITLE	HOLLYWOOD FL		DELETE		TITLE	ST-ZIP			Change	Addition	
NAME				- 6	IAME				_ ,	_	
STREET ADDRESS				235	TREE	I ADDRESS					
CITY - ST - ZIP				240	ITY-S	ST - ZIP			· <u></u>		
TITLE			DELETE		TITLE				☐ Change	☐ Addition	
NAME					IAME						
STREET ADDRESS				ı		T ADORESS					
CITY-ST-ZIP TITLE		<del>-</del>	DELETE		TITLE	S1 - 2IP			Change	☐ Addition	
NAME			_	4.21	IAME						
STREET ADDRESS				4.3 5	STREE	1 ADDRESS					
CITY-ST-ZIP				4.4 (	HY-!	ST-ZIP					
TITLE			□ DELETE		TITLE				☐ Change	☐ Addition	
NAME					IAME						
STREET ADDRESS						T ADDRESS					
CITY-ST-ZIP TITLE			DELETE		THTLE	ST-ZIP			Change	Addition	
NAME				1	IAME						
STREET ADDRESS				6.3	STREE	T ADDRESS					
CITY-ST-ZIP						ST-ZIP				<del></del>	
certify that oath; that I	the information indicated on this and	nual repo poration c	rt or supplemental anni or the receiver or truste	ual report e empow	is to	ue and accurat	or the exemption stated in Section 119 te and that my signature shall have the s report as required by Chapter 607, F	same leg	al effect as if	f made under	
SIGNAT	11	f N	Jaque,	Ppes			Masda 14	199	6		
	SIGNATURE AND TYPED O	DR PRINTE	D NAME OF SIGNING OFFICE	R OR DIRE	CTOR		Date Or L	4-9	Daytime Phone	1.44	