

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

**APPROVED
AND
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95 MAY -1 PM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # **V42389** (9)
 1. Corporation Name:
PANCHI ENTERPRISES INC.

Principal Place of Business: **3300 BISCAYNE BLVD SUITE 700 MIAMI FL 33131**
 Mailing Address: **3300 BISCAYNE BLVD SUITE 700 MIAMI FL 33131**


2. Principal Place of Business: **777 Brickell Avenue 5th Floor Miami, Florida 33131**
 2a. Mailing Address: **777 Brickell Avenue 5th Floor Miami, Florida 33131**

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified: **06/01/1992**
 3a. Date of Last Report: **03/28/1994**
 4. FEI Number: **65-0464572**
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**BAEZ, PEDRO P
 8200 BISCAYNE BLVD SUITE 700
 MIAMI FL 33131**

10. Name and Address of New Registered Agent:
 81 Name: **Steven L. Cantor**
 82 Street Address (P.O. Box Number is Not Acceptable): **c/o Cantor & Morante, P.A.**
 83 **777 Brickell Avenue, 5th Floor**
 84 City: **Miami, FL** 85 Zip Code: **33131**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I, the undersigned, 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 607.0501, Florida Statutes.

SIGNATURE:  DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VS
NAME	FERNANDO RODRIGUEZ TUPPER
STREET ADDRESS	199 OCEAN LANE DRIVE #705
CITY ST ZIP	KEY BISCAYNE FL 33149
TITLE	PT
NAME	ELSA BARCELLOS PANICHI
STREET ADDRESS	199 OCEAN LANE DRIVE #705
CITY ST ZIP	KEY BISCAYNE FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	155 Ocean Lane Dr., #705
14 CITY ST ZIP	Key Biscayne, FL 33149
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	155 Ocean Lane Dr., #705
24 CITY ST ZIP	Key Biscayne, FL 33149
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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:  **4-18-95** (305) 374-3886
 SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR: **Elsa B. Panichi, President**