

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

**APPROVED
AND
FILED**

95 MAY -1 AM 11:14

DOCUMENT # V55268

1. Corporation Name

PANAMA TRADING, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

40 ALEX BARAK
4601 SHERIDAN ST. - SUITE 206
HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 7/31/92	3a. Date of Last Report
4. FEI Number 65-0358890	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
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALEX BARAK
4601 SHERIDAN ST. - SUITE 206
HOLLYWOOD, FL 33021

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

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. 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:

Signature (typed or printed name of registered agent and title of association)

NOTE: Registered Agent signature required when reappointing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	2. NAME	
CITY, ST, ZIP	CITY, ST, ZIP	3. STREET ADDRESS	
		4. CITY, ST, ZIP	
TITLE	NAME	5. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	6. NAME	
CITY, ST, ZIP	CITY, ST, ZIP	7. STREET ADDRESS	
		8. CITY, ST, ZIP	
TITLE	NAME	9. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	10. NAME	
CITY, ST, ZIP	CITY, ST, ZIP	11. STREET ADDRESS	
		12. CITY, ST, ZIP	
TITLE	NAME	13. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	14. NAME	
CITY, ST, ZIP	CITY, ST, ZIP	15. STREET ADDRESS	
		16. CITY, ST, ZIP	
TITLE	NAME	17. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	18. NAME	
CITY, ST, ZIP	CITY, ST, ZIP	19. STREET ADDRESS	
		20. CITY, ST, ZIP	

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****200.00 ****200.00

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 11.061, 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 642, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X *Rafael Jakobow* RAFAEL JAKOBOW X 4/20/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X36-652-5366

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