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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V56920 ✓			
1. Corporation Name THE PETIT PAN, INC.			
Principal Place of Business 3068 N.W. 72ND AVENUE MIAMI FL 33122		Mailing Address 3068 N.W. 72ND AVENUE MIAMI FL 33122	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 7235 CORAL WAY	
22 City & State		27 SUITE 204	
23 Zip Country		28 MIAMI, FLORIDA	
24 33122 25		29 33155 30 USA	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BARRAZA, MYRNA 8505 N.W. 3RD LANE #8 MIAMI FL 33126		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSD NAME BARRAZA, MYRNA STREET ADDRESS 8505 NW 3RD LN. #8 CITY-ST-ZIP MIAMI FL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE TD NAME AHUMADA, XIMENA STREET ADDRESS 8505 NW 3RD LN. #8 CITY-ST-ZIP MIAMI FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE VP NAME BARRAZA, JUAN STREET ADDRESS 3068 NW 72ND AVE CITY-ST-ZIP MIAMI FL		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

SIGNATURE:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/99
Date

305 5977383
Daytime Phone #

CR2E034 (11/98)

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