

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**May 07 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Candra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L62716 (0)
1. Corporation Name
PACANA CORPORATION



Principal Place of Business
**C/O ARMANDO E. LACASA
3191 CORAL WAY, 3RD FLOOR
MIAMI FL 33145-0215**

Mailing Address
**C/O ARMANDO E. LACASA
3191 CORAL WAY, 3RD FLOOR
MIAMI FL 33145-0216**

3. Date Incorporated or Qualified **03/22/1990** 3a. Date of Last Report **04/05/1996**

2. Principal Place of Business
21 **Lacasa + As soc.**
Suite, Apt. #, etc. **1800**
City & State **MIAMI**
Zip **33131** Country **Dade**

2a. Mailing Address
26 **701 Brickell Ave.**
Suite, Apt. #, etc. **1800**
City & State **Florida**
Zip **33131** Country **Dade**

4. FEI Number **65-0211610** 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

9. Name and Address of Current Registered Agent
**LACASA, ARMANDO E
3191 CORAL WAY, 3RD FLOOR
MIAMI FL 33145**

10. Name and Address of New Registered Agent
81 Name **Lacasa + Associates**
82 Street Address (P.O. Box Number is Not Acceptable) **701 Brickell Avenue**
83 **Suite 1800**
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. 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]* **- CARLOS LACASA, ESQ. -** DATE **4-28-97**

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	PORTUONDO, MARIO B	
STREET ADDRESS	1110 MADRID ST.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PORTUONDO, MARIA B.	
1.3 STREET ADDRESS	1825 Ponce de Leon Blvd. # 141	
1.4 CITY-ST-ZIP	Coral Gables - FL 33134	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 *[Signature]* DATE **4/28/97 (305)**

CR2E034 (9/96)