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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N38363** (0)

1. Corporation Name

**PAN AMERICAN SOCIETY OF ARTISTS INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

% LUZ MORALES  
5225 LA GORCE DR  
MIAMI BEACH FL 33140

% LUZ MORALES  
5225 LA GORCE DR  
MIAMI BEACH FL 33140

3. Date incorporated or Qualified

05/29/1990

3a. Date of Last Report

02/02/1994

4. FEI Number

65-0245350

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **LUZ MORALES**

26 **LUZ MORALES**

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

Suite, Apt. #, etc.

22 **5225 LA GORCE DR.**

Suite, Apt. #, etc.

27 **5225 LA GORCE DR.**

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

City & State

23 **MIAMI BEACH**

City & State

28 **MIAMI BEACH**

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

\$68.75 Supplemental  
Fee Not Required

Zip

24 **33140**

Country

25 **FLORIDA**

Zip

29 **33140**

Country

30 **FLORIDA**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

MORALES, LUZ  
5225 LA GORCE DR  
MIAMI BEACH FL 33140-9105

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

800001468238  
-04/28/95--01054--003

B4 City

\*\*\*\*\*8.75 FL \*\*\*\*\*8.75

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MORALES, LUZ
STREET ADDRESS	5225 LA GORCE DR
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	ST
NAME	LEVIEN, MARION
STREET ADDRESS	1520 W 22 ST #2 SUNSET
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	VP
NAME	REYES, FRANCISCO E DR
STREET ADDRESS	12529 MONDRAGON DR
CITY - ST - ZIP	TAMPA FL
TITLE	T
NAME	MARTIN, SYD
STREET ADDRESS	3675 N. COUNTRY CLUB DRIVE
CITY - ST - ZIP	AVENTURA FL
TITLE	T
NAME	LOGUS, GUS
STREET ADDRESS	4141 NAUTILUS DRIVE
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	T
NAME	LEVIEN, EDWARD
STREET ADDRESS	1520 W 22 ST SUNSET #2
CITY - ST - ZIP	MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MORALES, LUZ	
13 STREET ADDRESS	5225 LA GORCE DR.	
14 CITY - ST - ZIP	MIAMI BEACH, FL. 33140	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS	800001468238	
24 CITY - ST - ZIP	-04/28/95--01054--004	
31 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	DIANNE SCHILKE	
33 STREET ADDRESS	6200 NW 2ND AVE. GPT. 118	
34 CITY - ST - ZIP	BOCA RATON, FL. 33487	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	LINDA SIMUNEK	
53 STREET ADDRESS	830 NE 205 ST.	
54 CITY - ST - ZIP	NMB, FL. 33179	
61 TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	JERRY CIOCON	
63 STREET ADDRESS	7360 SW 121 ST.	
64 CITY - ST - ZIP	Miami, FL. 33156	

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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Luz Morales* LUZ MORALES

4/10/95

305-865-4564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR