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Jun 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **N38363**
1. Corporation Name
PAN AMERICAN SOCIETY OF ARTISTS

Principal Place of Business: **990 WENDAM CT PORT ORANGE FL 32127**
Mailing Address: **1648 TAYLOR ROAD DAYTONA BEACH FL 32124**

2. Principal Place of Business: **990 WENDAM CT**
2a. Mailing Address: **1648 TAYLOR RD**
22. Suite, Apt., etc.: **P**
27. Suite, Apt., etc.: **343**
23. City & State: **PORT ORANGE FL**
28. City & State: **DAYTONA BEACH FL**
24. Zip: **32127** 25. Country: **USA**
29. Zip: **32124** 30. Country: **USA**

3. Date Incorporated or Qualified: **5/29/90**
4. FEI Number: **65-0245350**
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**
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
LUZ MORALES
5225 LA GORCE DR
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent
81. Name: **MAX LANDAU**
82. Street Address (P.O. Box Number is Not Acceptable): **990 WENDAM CT**
83. City: **PORT ORANGE FL** 85. Zip Code: **32127**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: **MAX LANDAU** PRESIDENT *Max Landau* 4/29/98
Signature, typed or printed name of registered agent or director if applicable. (NOTE: Registered Agent's signature required when translating.)

12. OFFICERS AND DIRECTORS

TITLE: PO <input checked="" type="checkbox"/> DELETE	NAME: LUZ MORALES
STREET ADDRESS: 5225 LA GORCE DR	CITY-ST-ZIP: MIAMI BEACH FL
TITLE: ST <input checked="" type="checkbox"/> DELETE	NAME: MARION REVLEN
STREET ADDRESS: 1520 W. 22ND ST #2 SUNSET	CITY-ST-ZIP: MIAMI BEACH FL
TITLE: V.P. <input checked="" type="checkbox"/> DELETE	NAME: RICHARD HANAMAN
STREET ADDRESS: 803 BLACK DUCK DR	CITY-ST-ZIP: PT ORANGE FL
TITLE: T <input checked="" type="checkbox"/> DELETE	NAME: BYD MARTIN
STREET ADDRESS: 3675 N. COUNTRY CLUB DR	CITY-ST-ZIP: AVENTURA FL
TITLE: T <input checked="" type="checkbox"/> DELETE	NAME: LINDA SIMUNEK
STREET ADDRESS: 830 N.E. 205 ST	CITY-ST-ZIP: N.M.B FL
TITLE: T <input checked="" type="checkbox"/> DELETE	NAME: JOEY CIUCON
STREET ADDRESS: 7860 SW 121 ST	CITY-ST-ZIP: MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: P/D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: MAX LANDAU
1.2 NAME: MAX LANDAU	1.3 STREET ADDRESS: 990 WENDAM CT
1.4 CITY-ST-ZIP: PORT ORANGE FL 32127	2.1 TITLE: V/D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME: JOHN WATSON	2.3 STREET ADDRESS: 2825 S. ATLANTIC AVE
2.4 CITY-ST-ZIP: DAYTONA BEACH SHORES FL 32118	3.1 TITLE: D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME: DIANE LANDAU	3.3 STREET ADDRESS: 990 WENDAM CT
3.4 CITY-ST-ZIP: PORT ORANGE FL 32127	4.1 TITLE: D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME: PAMELA S. WATSON	4.3 STREET ADDRESS: 2825 S. ATLANTIC AVE
4.4 CITY-ST-ZIP: DAYTONA BEACH SHORES FL 32118	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME: 700002551457	5.3 STREET ADDRESS: -06/08/98--01094--014
5.4 CITY-ST-ZIP: ***70.00	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME: JV	6.3 STREET ADDRESS: 6/4
6.4 CITY-ST-ZIP:	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment to an address.

SIGNATURE: *Max Landau* **MAX LANDAU** 4/30/98 9047603244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)